



# CLARK COUNTY SOCIAL SERVICE POLICY MANUAL

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# TABLE OF CONTENTS

	<u>Page #</u>
<b>Section 1    General Criteria for all Services and Programs</b> .....	<b>1</b>
1.1    Residency .....	1
1.2    Application .....	2
1.3    Identification .....	2
1.4    Household Composition .....	2
1.5    Responsible Relatives .....	3
1.6    U.S. Citizenship and Aliens with Lawful U.S. Residence .....	3
1.7    Prior Resources .....	4
1.8    Resources .....	4
1.9    Liquidated Assets .....	5
1.10    Lump Sum Payments .....	6
1.11    Income .....	7
1.12    Denials .....	8
1.13    Sanctions .....	9
1.14    Fiscal Fund Disclaimer .....	9
 <b>Section 2    Financial Assistance</b> .....	 <b>10</b>
2.1    Non-Financial Criteria .....	11
2.1.a    Household Identification .....	11
2.1.b    Alien Status .....	11
2.1.c    Household Composition .....	11
2.1.d    Employable Adults .....	11
2.1.e    Unemployable Adults .....	12
2.1.f    Prior Resources .....	13
2.2    Financial Criteria .....	16
2.2.a    Income .....	16
2.2.b    Resources .....	18
2.3    Ancillary Stipends .....	18
2.4    Senior Assistance .....	19
2.5    Denials .....	19
2.6    Sanctions .....	19

<b>Section 3</b>	<b>Transportation Assistance .....</b>	<b>21</b>
<b>Section 4</b>	<b>Medical Assistance .....</b>	<b>23</b>
<b>4.1</b>	<b>Non-Financial Criteria .....</b>	<b>24</b>
<b>4.1.a</b>	<b>Household Identification .....</b>	<b>24</b>
<b>4.1.b</b>	<b>Household Composition .....</b>	<b>24</b>
<b>4.1.c</b>	<b>U.S. Citizenship and                     Aliens with Lawful U.S. Residence .....</b>	<b>25</b>
<b>4.1.d</b>	<b>Prior Resources .....</b>	<b>25</b>
<b>4.2</b>	<b>Financial Criteria .....</b>	<b>28</b>
<b>4.2.a</b>	<b>Resources .....</b>	<b>28</b>
<b>4.2.b</b>	<b>Income .....</b>	<b>28</b>
<b>4.3</b>	<b>Medical Assistance Certification .....</b>	<b>29</b>
<b>Section 5</b>	<b>Services Covered Under Medical Assistance .....</b>	<b>30</b>
<b>5.1</b>	<b>Outpatient Services .....</b>	<b>30</b>
<b>5.2</b>	<b>Emergency Room Care .....</b>	<b>30</b>
<b>5.3</b>	<b>Inpatient Services .....</b>	<b>30</b>
<b>5.4</b>	<b>Durable Medical Equipment (DME)/Supplies .....</b>	<b>31</b>
<b>5.5</b>	<b>Physical, Speech and Occupational Therapy .....</b>	<b>31</b>
<b>5.6</b>	<b>Medical Transportation .....</b>	<b>31</b>
<b>5.7</b>	<b>Radiology and Laboratory .....</b>	<b>32</b>
<b>5.8</b>	<b>Sleep Studies .....</b>	<b>32</b>
<b>5.9</b>	<b>Homemaker Home Health Aide (HHHA) Program .....</b>	<b>32</b>
<b>5.10</b>	<b>Insurance Continuation .....</b>	<b>32</b>
<b>5.11</b>	<b>Eye Examinations and Eyeglasses .....</b>	<b>32</b>
<b>5.12</b>	<b>Long Term Care .....</b>	<b>33</b>
<b>Section 6</b>	<b>Hospital Referrals .....</b>	<b>34</b>
<b>6.1</b>	<b>Hospital Uncompensated Care .....</b>	<b>35</b>
<b>6.2</b>	<b>Referral Submission Requirements .....</b>	<b>35</b>
<b>6.3</b>	<b>Eligibility .....</b>	<b>36</b>
<b>6.4</b>	<b>Hospital Referral Decisions .....</b>	<b>36</b>
<b>6.5</b>	<b>Supplemental Fund Referrals .....</b>	<b>36</b>
<b>6.6</b>	<b>Special Types of Referrals .....</b>	<b>37</b>

6.6.a	Indigent Accident Fund .....	37
6.6.b	Victims of Sexual Assault .....	37
6.6.c	Involuntary Outpatient Psychiatric Assessments/Mental Health Accounts (MTH) .....	38
Section 7	Alternative Health Care Services .....	40
Section 8	Burial and Cremation Assistance .....	56
Section 9	Grant Programs .....	67
Section 10	Homemaker Home Health Aide Service .....	83
Section 11	Long Term Care Placement Service .....	101
Section 12	Special Improvement District Hardship .....	116
Section 13	Senior Citizens Protective Service .....	133
Section 14	Volunteer Program .....	139
Section 15	Confidentiality .....	141
Section 16	Fraud .....	144
Section 17	Appeals .....	146

<b>SECTION 1</b>	<b>GENERAL CRITERIA FOR ALL SERVICES AND PROGRAMS</b>
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## **1.1 Residency**

The individual or household applying for assistance from Clark County Social Service (CCSS) must reside in Clark County, Nevada and intend to continue to reside in Clark County Nevada for an indefinite period of time. Examples of documents that could be provided for CCSS' consideration to establish residency are:

- A valid governmentally- issued, Nevada photo identification card or a valid Nevada driver's license which clearly identifies Clark County, Nevada as the place of residence
- Utility bills in the applicant or household member's name (electric, gas or water)
- Rent receipts or mortgage statements in the applicant or household member's name showing a Clark County, Nevada residence
- A voter registration card
- School records showing that the applicant has enrolled his/her children in a public or private school located in Clark County, Nevada
- A document showing employment in the state of Nevada, with a legal residence located in Clark County
- At least two (2) documents proving that the applicant's residence in a prior state of domicile has ended (e.g. closing or transfer of bank accounts, termination of employment or sale of a home)
- Tax records showing a Clark County, Nevada address
- A document showing that the applicant is receiving public assistance/other services, requiring proof of domicile, from agencies other than CCSS
- A document issued by the United States Citizenship and Immigration Services (USCIS) or consulates of foreign countries verifying the applicant's intent to reside in Clark County, Nevada for an indefinite period of time
- Health Department records showing a Clark County, Nevada address
- Pay stubs with the applicant's name and a Clark County, Nevada residential address
- Vehicle registration in Clark County

Clark County individuals placed in institutional care in another county/state are residents of Clark County if the individual lived in Clark County prior to placement in another county/state.

Certain CCSS programs, i.e. emergency medical and cremation/burial services may provide limited assistance to individuals or households without established Clark County residency.

Individuals or households who knowingly relocate to Clark County, Nevada, for the purpose of acquiring public assistance will be denied assistance from CCSS. An individual must prove his/her valid Clark County residency.

## **1.2 Application**

Application for assistance must be made by the individual or head of household requesting the assistance, or an authorized representative of the individual or head of household.

The individual or household must:

- Demonstrate a need for the assistance
- Complete a CCSS application
- Verify all household members
- Apply for and cooperate with all appropriate prior resources
- Sign a Release of Information permitting CCSS to verify eligibility
- Submit all required verifications necessary to determine eligibility

An application may be considered withdrawn or denied if:

- An application is not submitted
- An interview is not completed
- Required verifications are not submitted
- Reasonable investigation is not permitted
- The client requests withdrawal

## **1.3 Identification**

Two (2) forms of identification must be provided for all household members. One (1) of the forms of identification for adults must be a valid governmentally- issued photo identification card which clearly identifies a Clark County residential address as the adult's place of residence.

## **1.4 Household Composition**

A household includes:

- An individual
- Individual's spouse
- Individual's minor children under the age of eighteen (18), or eighteen (18) years of age and a full-time high school student
- Individual(s) under legal guardianship

- Individual(s) under sponsorship of the U.S. Citizenship and Immigration Service (USCIS). For these households, the legal sponsor must be the applicant for assistance and must be eligible under all CCSS criteria.

Individuals under the age of eighteen (18) years are considered minors and must be included in the household of their parents, guardian, or adult relative unless considered an adult by one of the following:

- Emancipated by court process
- Legally married and sixteen (16) to eighteen (18) years of age

Any individual CCSS program may have additional household definition considerations and/or additions contained within its policy manual section.

## **1.5 Responsible Relatives**

Spouse: The ability of a person to provide support and maintenance for his or her spouse will be assessed prior to determining eligibility for services. In cases of separation of a spouse from the individual applying for assistance, the separated spouse's ability to assist, by CCSS household size standards, will be assessed.

Parents of Minor Children: The ability of parents to provide support and maintenance for their minor children will be assessed prior to determining eligibility for services. An absent parent's ability to assist, by CCSS standards, will also be assessed.

## **1.6 U.S. Citizenship and Aliens with Lawful U.S. Residence**

Individuals applying for CCSS assistance must be U.S. citizens or aliens admitted for lawful U.S. residence, either sponsored or unsponsored.

- Lifetime sponsorship began on 12/19/97 for sponsored aliens admitted on or after that date. The sponsorship obligation continues until the sponsored alien meets one of the following criteria:
  - Becomes a naturalized U.S. Citizen
  - Is credited with forty (40) quarters of work
  - Leaves the United States permanently
  - Dies
  - Sponsor(s) leaves the U.S. permanently
  - Sponsor(s) is indigent by CCSS standards

Unsponsored aliens include:

- Battered spouse and child (children)
- Lottery entrants
- Refugees

- Asylees and Parolees
- Cuban/Haitian entrants

Un-sponsored aliens who have exhausted their seven (7) year limit of SSI benefits and have not established U.S. citizenship may also request payment of USCIS citizenship application fees from CCSS under the following conditions:

- Requires written case plan with supervisory approval.
- Case plan moves alien toward obtaining citizenship and self-sufficiency.
- Failure of the alien to participate fully in the case plan will result in denial of all CCSS services.

**Documents:** Lawful aliens with expired documents may be denied services unless they make every effort to renew their documents.

Undocumented aliens are not eligible for most services from CCSS.

## **1.7 Prior Resources**

Individuals or households who appear eligible for financial, medical, or similar services from any other State, Federal, public or private program or service may not qualify for assistance from CCSS, and must apply for the appropriate prior resource as directed by CCSS designated staff. Cooperation and participation with other programs is mandatory. If the individual or household does not apply for a prior resource, or is determined ineligible for that resource due to non-cooperation, the individual or household will be denied assistance for CCSS programs.

Families receiving Temporary Assistance to Needy Families (TANF) benefits are not eligible for any CCSS programs or services with the exception of certain State or Federal grant-funded programs.

## **1.8 Resources**

CCSS resource limits are determined by the program or service for which the individual or household is applying. Resources/assets are (list is not necessarily all-inclusive):

- Cash
- Stocks and bonds
- Bank accounts
- Trust funds, individual retirement accounts (IRAs) and other retirement-type accounts
- Tax deferred annuities
- Royalties
- Cash value of life insurance policies



- Burial policies issued by a mortuary are excluded and not counted as a resource.
- Motor vehicles, trailers, boats, etc., *excluding* the primary motor vehicle for the individual/household
  - A second vehicle will be allowed if necessary for medical care or employment for a second adult in the household.
- Livestock
- Market value of real estate or trust deeds less encumbrances, *excluding* the primary residence of the individual or household
  - Primary residence up to one (1) acre
  - Primary residence up to five (5) acres, if residing in a Clark County zoning district requiring ownership of more than one (1) acre.
  - Residential property is a house, condominium, townhouse, mobile home, motor home, and is occupied by the individual as a primary dwelling and owned by at least one member of the household.
- Any other resources considered assets under definition of U.S. Bankruptcy Court provisions
- Other items that can be converted into cash, less mandatory fees to convert

**Excluded Resources:** Funds set aside for burial are excluded resources and are not counted for the purpose of eligibility determination. These resources must be separately identifiable and clearly designated for expenses connected with burial, cremation, or other funeral expenses and arrangements.

- Financial instruments claimed to be funds set aside for burial must be clearly designated as such.
- Burial funds cannot be co-mingled with any non-burial related assets.
  - If money is withdrawn from funds designated as set aside for burial, those funds will no longer be considered set aside for burial, and will not be excluded from eligibility determination.

**Resources/Assets Not Immediately Available:** Assistance may be issued under all the following circumstances when the individual or household's assets exceed the program guidelines and meets all the other CCSS program criteria:

- Assets are not immediately available
- The individual or legal guardian must sign a reimbursement agreement.
- Attempt to deplete the asset within CCSS criteria.

## **1.9 Liquidated Assets**

Individual(s) or households must report the sale, spend down or transfer in any manner of the personal assets of anyone in the household that occurs within thirty-six (36) months prior to or anytime after application for CCSS assistance and services.

- Liquidated assets may be considered as lump sums.

Transfer or divestiture of a resource for less than fair market value is presumed to have been made for the purpose of establishing CCSS eligibility. This presumption will prevail unless clear and convincing evidence is provided by the individual or household that:

- The resource was transferred for some other reason.
- At the time of a transfer, the individual or household could not have anticipated becoming eligible for CCSS assistance.

If an individual or a household member otherwise qualifies for Supplemental Security Income (SSI) and/or Nevada Medicaid, but has been disqualified from those programs for divestiture of an asset, that individual or household member will not qualify for assistance from CCSS for thirty-six (36) months from the date of the divestiture.

Resources not available to a household due to a criminal act perpetrated upon them may be disregarded with appropriate verification that the crime was reported to law enforcement authorities within forty-eight (48) hours from the discovery of occurrence.

## **1.10 Lump Sum Payments**

Lump sums are defined as an amount of money received by an individual or household, in one payment, which is greater than two (2) times the monthly two hundred percent (200%) of federal poverty indicator (FPI) in use by CCSS as of the date of determination of eligibility for assistance.

Lump sum payments received in the thirty-six (36) months prior to an individual or household's application for CCSS assistance are considered assets which are assumed to be available for living expenses and/or medical expenses. The first \$2,000.00 for an individual or \$3,000.00 for a household of two or more persons of a single lump sum payment is *excluded* from this determination. Examples of possible lump sum payments are (not all inclusive):

- Workers' Compensation settlements
- Proceeds from sale of real estate
- Insurance settlements
- Proceeds from litigation, trusts, and inheritances
- Liquidation of stocks, pension funds, retirement accounts
- Social Security retroactive payments

Certain funds are *excluded* from the lump sum determination. They include:

- Funds that have been stolen, embezzled, or are otherwise unavailable due to circumstances beyond the control of the individual or household may be exempt with appropriate verification that the crime was reported to law enforcement authorities within forty-eight (48) hours from the discovery of the occurrence.

If the lump sum(s) was received more than thirty-six (36) months prior to the request for assistance, the lump sum will be considered depleted.

If the lump sum(s) was received less than thirty-six (36) months prior to the request for assistance from CCSS, a spend-down computation is done to determine if any of the lump sum is available by CCSS standards.

Individuals or households with “pending” lump sum benefits will be required to:

- Provide verifications appropriate to this resource.
- Provide the name, address and telephone number of the attorney involved, if any.
- Sign a reimbursement agreement in the event any assistance is issued prior to the actual receipt of the lump sum, with a copy forwarded to the attorney of record, if any.

## **1.11 Income**

An individual or household must report all income received or anticipated by any member of the household or USCIS sponsors.

All income is included for CCSS program eligibility, and budgeted on a calendar month basis.

Earned income includes (not all inclusive):

- Wages
- Seasonal income – generally averaged over twelve (12) months
- Self-employment income, less allowable expenses, which include:
  - Rent for business location, if outside primary residence
  - Job-related supplies, tools or materials used to complete job or trade
  - Employee wages as reported to the Internal Revenue Service (IRS)
  - License and certificate fees
  - Other expenses as approved by CCSS

Unearned income includes (not all inclusive):

- Pensions
- Social Security
- Unemployment Insurance
- Veterans Administration
- Workers’ Compensation

- Trust Income
- Child Support
- Alimony
- Gambling winnings
- Foster Parent Income
- Educational Grant for living expense
- Monetary gifts
- Loans
- Donations/Contributions
- Bills paid by others
- Utility allowance
- Other as determined by CCSS

Excluded income includes (not all inclusive):

- Educational grants for tuition and books
- Training stipends
- Senior companion stipends
- Foster Grandparent stipend (FGP)
- Emergency Food and Shelter Program (EFSP)
- Retired Senior Volunteer Program (RSVP)
- Emergency Shelter Grant (ESG)
- Energy Assistance Program (EAP)
- Welfare Set Aside Program (WSAP)

## **1.12 Denials**

Denials for assistance will pertain to either an individual or all members of a household applying for assistance from CCSS and will begin on the date an individual or household has eligibility determined.

Assistance will be denied for any one, or combination, of the following:

- Not a resident of Clark County
- Failure to apply for and cooperate with prior resources
- No change in circumstance
- Failure to cooperate with eligibility interview process
- Financial, medical, or similar services received in another jurisdiction for the requested month of assistance
- Failure to provide required verifications
- Failure to report any change in household composition, marital status, income, resources, or residence

### **1.13 Sanctions**

Sanctions can begin either on the date the individual or household returns to CCSS and has eligibility determined for subsequent issuances of assistance, or on the date a specific incident has occurred, depending on the infraction for which the sanction is being imposed.

A thirty (30) day sanction for receipt of any CCSS assistance may be imposed from the date of occurrence for the following:

- Failure to report any change in household composition, marital status, income, resources, or residence

A sixty (60) day sanction for receipt of any CCSS assistance may be imposed from the date of occurrence for the following:

- Threats or acts of verbal or physical violence toward CCSS staff or other individuals on CCSS premises

Any individual CCSS program may have additional denial and/or sanction considerations contained within its policy manual section.

### **1.14 Fiscal Fund Disclaimer**

It is Clark County's desire to provide a variety of services to promote independence, create self-sufficiency and maintain sustainability for the residents of Clark County. Social Service reserves the right to limit services contained in this policy manual contingent upon departmental funding.

Clark County Social Service (CCSS) budget forecasting formula establishes projected funding for each fiscal year. If at any time funding is reduced and Clark County cannot maintain its policy manual service levels, services may be reduced to match available funding.

## **SECTION 2**

## **FINANCIAL ASSISTANCE**

Clark County Social Service provides financial assistance to individuals who qualify for such assistance. Nevada Revised Statutes 428.010 through 428.110 specifies the County's mandate to provide indigent assistance.

Financial assistance is provided for rent/mortgage, utilities, and other supportive services. An individual or household applying for financial assistance from Clark County Social Service (CCSS) must meet all CCSS eligibility criteria and participate in a case plan to attain self-sufficiency and /or sustainability. Assistance will begin no earlier than the date eligibility is determined and approved. Future financial assistance to an individual or household is not guaranteed based on any initial issuance.

Financial assistance for housing and housing-related expenses is provided in the form of a cash grant issued in thirty (30) day increments based on the household size.

Grants are made payable to the client/head of household or landlord/mortgage company. For utility payments, grants are made payable to either the client/head of household or the utility vendor.

Housing expenses payable under financial assistance include:

- Rent
- Mortgage
- Homeowners association fees
- Real estate taxes
- Homeowners insurance
- Basic utilities—electric, gas, water

The individual or household applying for financial assistance must:

- Demonstrate a change in circumstance(s)
- Demonstrate that housing can no longer be maintained without assistance
- Reside or intend to reside at a residential address in Clark County
- Provide a rent receipt showing previous month's rent paid when reapplying for continued financial assistance

Individuals are not eligible for CCSS financial assistance while residing in a public or privately operated shelter, or living in temporary lodging provided through a public or privately funded emergency shelter program. A shelter is defined as a building serving as a temporary refuge or residence for homeless persons.

## **2.1 Non-financial Criteria**

### **2.1.a Household Identification**

Adults who have no valid governmentally-issued photo identification will not be issued financial assistance.

### **2.1.b Alien Status**

Aliens without legal U.S. residency are not eligible for financial assistance from CCSS.

### **2.1.c Household Composition**

When applying for financial assistance, household composition also includes:

- Unmarried individuals living together with minor children and/or assets in common
- Unrelated minors for whom a household member is a custodial caretaker

### **2.1.d Employable Adults**

Individuals are considered employable if they are between the ages of eighteen (18) and sixty-two (62), are not a full time high school student, and do not meet any of the criteria for unemployable adults as defined in section 2.1.e. This includes households with minor children.

- Financial assistance will be limited to a maximum of three (3) issuances within a twelve (12) month period, beginning with the date of the first issuance, for employable adults who have employment barriers as identified through the CCSS' assessment process which barriers are sufficient to require the individual's participation in CCSS case management/case coordination activities. The individual must participate and cooperate with the agreed upon case plan in order to receive assistance beyond the first issuance.
- Financial assistance will be limited to a maximum of one (1) issuance within a twelve (12) month period, beginning with the date of the first issuance for employable adults with either no employment barriers or who have been determined through CCSS' assessment process to be not required to participate in CCSS case management/case coordination activities.

**Job Searches:** Job searches are required as part of the application process unless it is the first application for which financial assistance has been issued, or if it has been twelve (12) months or more since the last application for assistance. Prior to

receiving subsequent financial assistance, all employable adults in the household must:

- Complete all required job searches
- Be available for work
- Respond to requests for job interviews
- Accept any bona fide offers of employment
- Secure and maintain transportation
- Participate in all CCSS job readiness and job training programs and activities
  - Individuals with an infant under three (3) months old will not be required to participate until such time as the infant attains that age.

**Job Search Criteria:** Employable adults applying for recertification for financial assistance must complete thirty (30) job searches within the thirty (30) day period prior to the request for recertification. The job searches must meet the following criteria:

- Actual job openings must exist for which the individual is qualified.
- The potential employer must be accepting applications.
- No applications may be duplicated within a ninety (90) day period.
- On-line applications may be accepted with verified receipt.
- Job search forms must be completed according to written instructions included on form.

**Vocational Rehabilitation:** Individuals who are actively participating with Vocational Rehabilitation (Voc-Rehab) for training or retraining which will lead to self-sufficiency will be eligible for assistance as long as they provide continuing documentation of that participation.

### **2.1.e Unemployable Adults**

An individual is considered to be unemployable at sixty-two (62) years of age or older or the individual has a disability/impairment considered severe enough to prevent the individual from doing any gainful activity by reason of any medically determinable physical or mental impairment, which can be expected to result in death or which has lasted, or can be expected to last, for a continuous period of not less than twelve (12) months.

Each individual claiming to have a severe medical impairment must provide medical evidence showing he/she has an impairment and the severity of the impairment(s). Documentation of the existence of the individual's impairment must be from medical professionals such as licensed physicians, certified psychologists or other licensed medical professionals as defined by the Social Security Administration Blue Book criteria for disabling conditions.



Individuals considered unemployable will be required to actively participate in case management activities which include the development of a case plan geared towards sustainability.

Financial assistance may be provided up to a maximum of six (6) issuances if funds are available and the individual(s) is cooperative with the case management/case coordination activities included in the case plan.

#### **2.1.f Prior Resources**

**Social Security:** Individuals receiving Supplemental Security Income (SSI), and/or Social Security Disability (SSD) income from Social Security are not eligible for financial assistance. Individuals who are receiving other Social Security benefits, in an amount less than the CCSS grant for the household size, may receive financial assistance on a pro-rated basis, not to exceed the monthly grant for the household size, if eligible by all other criteria.

Individuals who are pending cash benefits from Social Security may be eligible for financial assistance under the following criteria:

- Pending Supplemental Security Income (SSI):
  - Must have a totally disabling condition which is expected to preclude the individual from employment for a minimum of one (1) year, as documented by a physician.
  - Must be pending Medical Assistance to the Aged, Blind, and Disabled (MAABD) through the State Division of Welfare and Supportive Services.
  - Must maintain pending status for both SSI and MAABD throughout all appeal levels, if necessary and appropriate. If an individual's SSI application is denied through all levels of appeal (excluding District Court), CCSS will not refer the individual back to Social Security unless his/her physical or mental condition changes in such a way as to make a new application for SSI reasonable.
  - Must participate in all required medical, psychiatric, vocational rehabilitation treatment plans and assessments.
  - Must sign an Interim Assistance Reimbursement (IAR) agreement allowing CCSS to be reimbursed directly by Social Security.
- Pending Social Security Disability (SSD):
  - Must have a totally disabling condition which is expected to preclude the individual from employment for a minimum of one (1) year, as documented by a physician.
  - Must participate in all required medical, psychiatric, vocational rehabilitation treatment plans and assessments.
  - Must maintain pending status with Social Security. If an individual's SSD application is denied through all levels of appeal (excluding

District Court), CCSS will not refer the individual back to Social Security unless his/her physical or mental condition changes in such a way as to make a new application for SSD reasonable.

- Must sign a Reimbursement Agreement with CCSS to reimburse financial assistance received from any retroactive lump sum SSD benefit.
- Pending all other Social Security benefits:
  - Individuals may be issued financial assistance one (1) time if all other financial assistance criteria have been met.
  - Subsequent issuances of assistance may be approved on a case-by-case basis.

Individuals must apply for any Social Security benefit for which they appear to be eligible. If an individual chooses not to apply for a Social Security benefit, or does not follow through with a valid claim for Social Security benefits, he/she will not be eligible for financial assistance through CCSS.

**Employment Security:** Employable individuals who appear to be eligible will be required to apply for unemployment insurance benefits at the Nevada Department of Employment, Training, and Rehabilitation (DETR).

- Individuals who are approved unemployment insurance benefits in an amount less than the CCSS grant for the household size, may receive financial assistance on a pro-rated basis, not to exceed the monthly grant for the household size, if eligible by all other criteria.
- Individuals, who are denied unemployment insurance benefits for misconduct, as defined by DETR, will not be eligible for financial assistance for a sixty (60) day period from the date of termination of employment.
- Individuals who are denied unemployment insurance benefits due to voluntarily quitting a job without just cause or employment termination for cause are not eligible for financial assistance for a sixty (60) day period from the date of termination of employment.

**Veterans' Administration:** Individuals who may qualify for assistance through the Veterans' Administration (VA) may be issued financial assistance while pending the VA application process.

- Individuals who receive VA benefits in an amount less than the CCSS grant for the household size may receive financial assistance on a pro-rated basis, not to exceed the monthly grant for the household size, if eligible by all other criteria.

**Temporary Assistance for Needy Families (TANF):** Households which include minor children must apply for TANF cash benefits at the Nevada Division of Welfare and

Supportive Services before eligibility for financial assistance through CCSS can be established.

- Individuals receiving TANF are not eligible for financial assistance.
- Households pending TANF may be issued financial assistance from CCSS one (1) time while pending.
  - While pending receipt of original birth documents, households may be considered for additional financial assistance.
  - Households which are receiving assistance through the TANF Temporary Program (Temp), TANF Self-Sufficiency Grant (SSG), or TANF Loan (Loan) programs will not be eligible for financial assistance through CCSS while they are receiving benefits through those programs.
- Households may not receive additional financial assistance from CCSS during the same TANF application period.
- Households denied any previous TANF cash or medical benefit for non-cooperation will not be eligible for financial assistance from CCSS.

*Households on TANF Sit-Out Period:* Households which are on mandatory sit-out time limits for TANF benefits may be issued limited financial assistance if all other financial assistance criteria are met.

- Financial assistance will be limited to a maximum of three (3) issuances within a twelve (12) month period, beginning with the date of the first issuance for households on sit-out time limits. Employable adults who have employment barriers as identified through the CCSS' assessment process which barriers are sufficient to require the individual's participation in CCSS case management/case coordination activities. The individual(s) must participate and cooperate with the agreed upon case plan in order to receive assistance beyond the first issuance. All adult household members must meet additional eligibility criteria for employable adults for the household to be considered for financial assistance.
- If the adult household member(s) fail to participate and cooperate with the agreed upon case plan, financial assistance if approved, will reflect the exclusion of the non-cooperative household member(s).
- Households on sit-out time limits which meet all criteria for financial assistance from CCSS will only receive a cash grant in the same amount as the regular TANF benefit for the household size.

*Lifetime TANF Benefits Exhausted:* Individuals/households having exhausted their lifetime TANF benefit time limits may be issued limited financial assistance if all other financial assistance criteria are met.

- Financial assistance will be limited to a maximum of three (3) issuances within a twelve (12) month period, beginning with the date of the first issuance

for individuals/households no longer eligible for TANF benefits due to having exhausted lifetime time limits. Employable adults who have employment barriers as identified through the CCSS' assessment process which barriers are sufficient to require the individual's participation in CCSS case management/case coordination activities. The individual(s) must participate and cooperate with the agreed upon case plan in order to receive assistance beyond the first issuance. All adult household members must meet additional eligibility criteria for employable adults for the household to be considered for financial assistance.

- If the adult household member(s) fail to participate and cooperate with the agreed upon case plan, financial assistance, if approved, will reflect the exclusion of the non-cooperative household member(s).

*Workers' Compensation:* Individuals who sustain a work-related injury must file a claim for workers' compensation. Financial assistance may be issued while pending receipt of workers' compensation benefits if all other financial assistance criteria are met.

- Individuals who receive Workers' Compensation benefits in an amount less than the CCSS grant for the household size may receive financial assistance on a pro-rated basis, not to exceed the monthly grant for the household size, if eligible by all other criteria.

*Supportive Living and Housing Agreements:* Individuals whose housing needs are met by various supportive living agreements, or by other agencies, such as Southern Nevada Adult Mental Health or Desert Regional Center, for instance, will not be eligible for financial assistance.

Individuals residing in prison or in prison pre-release centers are not eligible for financial assistance.

## **2.2 Financial Criteria**

An individual/household may be financially eligible for assistance if the income and resources of the individual/household is not in excess of the thirty (30) day benefit for the household size.

### **2.2.a Income**

Any individual or household member who has ongoing income will have that income determined as being available to them for eligibility consideration.

- Individuals/households with income equal to or in excess of the maximum monthly benefit amount for the household size will not be eligible for financial assistance from CCSS.

- Individuals/households with income less than the maximum monthly benefit amount for the household size may be eligible for financial assistance on a prorated basis if all other eligibility criteria are met.

**Earned Income:** Individuals/households with ongoing earned income will not be eligible for financial assistance.

- Individuals/households anticipating wages from employment will be eligible for financial assistance prior to receipt of their first paycheck, if all other eligibility criteria are met.

**Excluded Income:** The following types of income will be excluded for the purposes of eligibility determination for financial assistance:

- Educational grants for tuition and books
- FEMA assistance
- Senior Companion, Foster Grandparent, RSVP stipends
- Vocational Rehabilitation stipends for transportation and on-the-job meal allowance
- Energy Assistance Program (EAP)
- Welfare Set-Aside Program (WSAP)
- Income and resources of a related caregiver, other than a spouse, for persons who are medically documented as requiring ongoing caregiver services (applicant is the individual receiving care)
  - Contributions to an elderly or disabled adult on a regular or ongoing basis from the caregiver will be counted as income.
- Income and resources from an elderly or disabled adult, residing in the home of a related caregiver, other than a spouse, who is medically documented as requiring ongoing caregiver services (applicant is the caregiver)
  - Contributions to the caregiver on a regular or ongoing basis from the elderly or disabled adult will be counted as income.
- Income and resources of persons residing together who are not included in the household composition (i.e., roommates)

**Lost and/or Stolen Income:** If eligible under all other criteria, an individual or household may be issued financial assistance if there is lost or stolen income under the following circumstances:

- With appropriate verification that the crime or loss was reported to law enforcement authorities within forty-eight (48) hours from the time of discovery of the occurrence.
- The agency providing the income is notified within forty-eight (48) hours.
- The agency providing the income is unable to provide an advance.

Financial assistance for lost or stolen income will be issued only one (1) time in any twelve (12) month period for any individual or household.

**Suspended Income:** Financial assistance will be issued only one (1) time in any twelve (12) month period for any individual or household who has income that has been stopped or suspended due to circumstances beyond their control. The individual or household will be required to pursue reinstatement of those benefits, and will not be eligible for future assistance.

## **2.2.b Resources**

An individual or household will be allowed a fifty dollar (\$50.00) resource disregard.

- Individuals or households with resources in excess of the maximum monthly benefit for the household size will not be eligible for financial assistance.
- An individual or household with resources under the maximum monthly benefit amount will have their financial assistance grant amount reduced by the amount of those resources in excess of fifty dollars (\$50.00).

## **2.3 Ancillary Stipends**

Many of the households qualifying for financial assistance at CCSS also qualify for food stamps at the Nevada Division of Welfare and Supportive Services; however, they lack the financial means to pay for personal necessities, such as personal hygiene items, over-the-counter medications, laundry soap, toothpaste, socks, work shoes, etc.

CCSS staff may issue a supplemental one hundred dollar (\$100) stipend to each individual/household every four (4) months, up to three (3) times per calendar year, to cover these unduplicated ancillary needs.

- Individuals/households having any income or resources excluded or waived under financial assistance eligibility criteria, or whose monthly rent amount is less than their financial assistance grant, will not be eligible to receive ancillary assistance without supervisory approval. With verified employment, a one-time exception can be made as part of a case plan if items need to be purchased as a condition of securing employment.
- Individuals/households with verified employment may be issued up to three (3) ancillary needs stipends combined together into one issuance for the purchase of items necessary for employment, up to the maximum the individual/household would be eligible to receive in the calendar year.
- The issuance of ancillary financial assistance must be tied to an issuance of financial assistance.

Ancillary needs financial assistance grants will be issued to an individual/household:

- As a store/merchandise card
- As a check to the client
- As a direct vendor payment

Eligibility for ancillary stipends is subject to the ancillary stipend program being funded by CCSS and if funded, limited to the extent of such funding.

## **2.4 Senior Assistance**

An individual aged sixty-two (62) or older, or a household including a related family member aged sixty-two (62) or older, may qualify for senior financial assistance one (1) time every twelve (12) months for the purpose of rental or mortgage assistance payment or utility payment assistance, if the individual or household is homeless or in danger of becoming homeless. This payment cannot be used to replace other CCSS financial assistance if the individual or household qualifies for other financial assistance, but can be issued in conjunction with regular CCSS financial assistance, should the individual or household qualify.

- Assistance is for rent, mortgage or utilities only.
- Payment cannot exceed the rent, mortgage, or utilities due, with a maximum benefit of \$550.00 for any individual or household.
- An individual or household cannot have monthly gross income in excess of the two hundred percent (200%) of FPI in use by CCSS at the time of issuance.

Financial assistance for additional months may be issued on a case-by-case basis with a case plan for self-sufficiency.

## **2.5 Denials**

An individual/household may be denied financial assistance based on any requirement of eligibility contained within the CCSS policy manual.

- An individual will be denied financial assistance when they are considered to be a fugitive felon, a probation/parole violator, or fleeing to avoid prosecution or incarceration.

## **2.6 Sanctions**

Sanctions affecting receipt of financial assistance can begin either on the date the individual or household returns to CCSS and has eligibility determined for a subsequent issuance of financial assistance, or can begin on the date a specific incident has occurred, depending on the infraction for which the sanction is being imposed.

A thirty (30) day sanction will be imposed from the date an individual or household returns to CCSS, within a one (1) year time period from the date of the infraction, and has eligibility determined for a subsequent issuance of financial assistance for the following:

- Misuse of previous financial assistance
- Failure to report any countable income for any household member
- Failure to participate or cooperate with any CCSS required job readiness or job training programs
- Termination from any CCSS required job readiness or job training program due to:
  - No call, no show
  - Tardiness
  - Failure to keep appointments and contacts
  - Misconduct
- Failure to accept an offer of employment

A sixty (60) day sanction will be imposed from the verified date of occurrence of the following:

- Termination from any employment for misconduct
- Quitting a job without just cause
- Voluntarily quitting a job without acceptance of another job

A twelve (12) month sanction will be imposed any time there is a second sanction which occurs within twelve (12) months of the onset date of the first sanction period.

- A twelve (12) month sanction will also be imposed for those individuals/households who refuse to participate in or fail to comply with case management activities.

#### Sanction Exemptions:

- The individual or applicable household member was medically certified to be incapacitated on the scheduled date of the CCSS-required job readiness or job training program.
- The individual or applicable household member had verified employment on the date of the scheduled CCSS-required job readiness or job training program.
- Certain verified emergencies including:
  - Death of an immediate family member
  - Other as determined by CCSS



## SECTION 3

## TRANSPORTATION ASSISTANCE

Clark County Social Service (CCSS) provides transportation assistance for indigent persons in Clark County to return to their resident state/county (NRS 428.080). To be considered for transportation assistance eligibility, an individual/household:

- Must not have resided in Clark County, Nevada, longer than six (6) months prior to the date of application for transportation assistance.
  - Certain exceptions to this requirement may be made with a case plan, in situations of domestic violence, for medical necessity or psycho-social well-being.
- Must not have monthly income in excess of two-hundred percent (200%) of FPI for the household size criteria in use by CCSS as of the date of eligibility determination.
- Must have a verifiable offer of employment or a means of financial support, and a verifiable residence at the destination.
  - Transportation will not be provided to shelter destinations which do not offer a transitional housing component.
  - Transportation will not be provided if the result is homelessness at the destination.

Individuals/households may be issued transportation assistance only once within any five (5) year time period.

- An individual/household that has been issued transportation assistance will not be eligible for financial assistance from CCSS for a period of five (5) years from the date of the transportation assistance.

Any travel assistance outside the boundaries of the continental United States must be approved by a CCSS manager or above.

*Types of Transportation Assistance:* Transportation assistance will be issued in one of the following ways:

- Bus ticket
  - A food allowance will be issued to individual(s) traveling by bus.
- Transportation card for private vehicle:
  - Driver of vehicle must have valid driver's license.
  - Vehicle must be registered to a member of the household applying for transportation assistance.
  - Vehicle must have valid insurance in force at the time of issuance of transportation assistance.

- The amount issued will be calculated by taking the mileage from Las Vegas (using the main CCSS address as the starting point) to the destination multiplied by the current mileage reimbursement rate in use by Clark County as of the date the transportation assistance is being issued. The assistance is limited to a maximum of one thousand dollars (\$1,000.00) per individual/household, regardless of the actual mileage calculation.
- Airplane ticket
  - Must have medical documentation as to why air transport is required.
  - Air travel is the only reasonable method of reaching the destination.
  - Must be approved by CCSS manager or above.

CCSS also provides limited local transportation to individuals using in-house transportation or through vendors.

- Transportation is generally issued in conjunction with an issuance of financial or medical assistance.
- With supervisory approval, local transportation may also be issued without the issuance of financial or medical assistance in cases where there is concern for the individual's health or safety.
- The individual/household must not have any other prior resource for transportation assistance.
- There must be verification of transportation need.
  - Confirmed medical appointments
  - Confirmed participation in CCSS sponsored job training activities
  - Appointments at other social service provider agencies, such as the Nevada Division of Welfare and Supportive Services, Social Security, etc.
  - Other as approved by CCSS supervisor

**SECTION 4****MEDICAL ASSISTANCE**

Clark County Social Service (CCSS) provides medical assistance to individuals who qualify for such assistance. Nevada Revised Statutes 217.290 - 217.350; 428.010 - 428.110; 433A.680; 439B.310 – 439B.330; 449.244; 450.390 – 450.425, and Clark County Code 2.48.040, 2.48.060 and 2.52.030 specify the County's mandate to provide indigent medical assistance.

CCSS determines eligibility for medical services and the extent to which CCSS may pay for medical care recommended by health care professionals. An individual applying for medical assistance from CCSS must meet all eligibility criteria. Future medical assistance to an individual is not guaranteed based on any initial issuance. Medical services covered by a third party payor or a prior resource will not be covered by CCSS.

Medical services provided may include payment for:

- Outpatient and emergency room care at CCSS approved facilities
- Prescribed medications from CCSS approved facilities
- Inpatient hospital charges in accordance with contractual agreements between Clark County and providers
- Durable medical equipment (DME)/medical supplies
- Physical/speech/occupational therapy
- Medical transportation
- Radiology and laboratory
- Sleep studies
- Long term care
- Adult group care
- Adult day care
- Homemaker services
- Insurance continuation
- Eye examinations and glasses
- Emergency dental extractions (at UMC or approved provider)

Medical assistance does not include payment for the following types of services, procedures and treatments:

- Elective, experimental, and cosmetic procedures
- Organ transplants not covered by a prior resource
- Mental health treatment and medications

- Mental health medications prescribed for episodic treatment may be covered as prescribed by a primary health care provider

- Substance abuse treatment
- Smoking cessation
- Birth control or abortion
- Immunizations

Clients approved for CCSS medical assistance receive medical services from University Medical Center (UMC) and its facilities through a contractual agreement which outlines eligible and non-eligible services, preauthorization requirement, billing and referral procedures, as well as other provisions of service. Clients approved for medical assistance through CCSS cannot use the medical card to obtain medical services outside UMC and/or in other counties and states unless CCSS has authorized such use.

On a case-by-case basis, medical services may be provided outside the UMC medical service delivery system with accompanying clinical documentation and a written statement from UMC physicians that the services cannot be provided at UMC and/or its facilities or contractors due to the complexity and/or specialization of the required treatment. The medical justification must include alternative treatment facilities/providers as well as associated costs.

Medical services authorized by CCSS outside UMC and its facilities are provided under special contracts/agreements with CCSS, which itemize the specific service(s) to be provided and the costs associated with the provision of such service(s).

## **4.1 Non-Financial Criteria**

### **4.1.a Household Identification**

Individuals with no identification may be issued medical assistance one (1) time. Subsequent assistance will require identification or supervisory approval.

### **4.1.b Household Composition**

When applying for medical assistance, the household composition excludes individuals eighteen (18) years of age or older, unless the individual(s) are married and/or unmarried and have minor children in common.

- Individuals aged eighteen (18) and over will be considered as their own household.

#### **4.1.c U.S. Citizenship and Aliens with Lawful U.S. Residence**

Lawful aliens with expired documents may be issued medical assistance one time. Subsequent issuances of medical assistance require CCSS supervisory approval.

Aliens without lawful U.S. residency may be considered for payment of medically necessary emergency inpatient medical bills if all other CCSS eligibility criteria are met, but are not eligible for any outpatient medical services. Aliens in this category include:

- Undocumented aliens
- Foreign students
- Foreign visitors
- Aliens admitted under work visas and their families

#### **4.1.d Prior Resources**

Social Security: Individuals receiving Supplemental Security Income (SSI) benefits are eligible for Medical Assistance for the Aged, Blind and Disabled (MAABD), also known as Nevada Medicaid, through the State of Nevada, and are not eligible for medical assistance through CCSS.

- Individuals who are pending SSI and MAABD can apply for medical assistance through CCSS while they are pending a decision.

Individuals receiving other types of Social Security, such as Social Security Disability (SSD), Early Retirement, Widow/Widowers, etc., may be eligible for medical assistance if eligible by all other criteria. Individuals must pursue any type of Social Security benefit for which they may be eligible.

- Individuals receiving Social Security Disability (SSD) income will only be eligible for full medical assistance from CCSS during the waiting period before becoming eligible for Medicare.

Nevada Medicaid: Nevada Medicaid recipients are not eligible for medical assistance through CCSS. An individual who appears to qualify for Nevada Medicaid services must apply for that benefit at the Nevada Division of Welfare and Supportive Services, and cooperate with all the requirements of that program.

- Medical assistance will not be provided to an individual who is denied Nevada Medicaid benefits due to non-cooperation.
- Individuals who have applied for and are pending Medical Assistance to the Aged, Blind, and Disabled (MAABD), who meet all other CCSS eligibility requirements, may be eligible for limited medical coverage while pending.

- Individuals who are pending MAABD must also maintain pending status for the Supplemental Security Income program (Social Security) throughout all appeal levels, if necessary and appropriate.

Medicare: Individuals who are Medicare-eligible are not eligible for medical assistance through CCSS.

- Individuals who are Medicare-eligible must apply for all parts of Medicare, including A, B, and D. CCSS may not be used to substitute for any portion of Medicare for which an individual is able to receive coverage, regardless of premium, co-payment, or deductible.
- CCSS may supplement Medicare Part A Hospital only if an individual has used all hospital days available under Part A coverage, and has no other additional means of obtaining necessary medical in-patient medical care, and the individual is eligible under all other CCSS medical assistance criteria.
- Medicare-eligible individuals who have not yet enrolled must enroll for all available parts (A, B, and D) at the first available open enrollment period as set by Social Security. If eligible under all criteria, medical assistance will be provided up to the effective date of Medicare coverage.

CCSS does not pay balances due providers over the Medicare payment.

Veterans Administration (VA): An individual who qualifies for medical services through the VA will not qualify for ongoing medical assistance through CCSS.

- Medical assistance may be issued one time during the VA application process. Subsequent issuances may be provided with supervisory approval.
- Limited medical assistance may be provided if a specific medical service normally covered by the VA is not available locally or regionally.

Workers' Compensation (WC): Any individual who has sustained a work-related injury or illness must file a WC claim. An individual who requires medical treatment for a work-related injury/illness and has an active, approved claim will not be eligible for medical assistance through CCSS for the illness or injury. Individuals who are eligible by all CCSS criteria may receive medical assistance for non-work related illnesses or injuries.

Medical assistance may be issued on a limited basis for the following:

- Individuals who are in the process of appealing a denied claim.
- Individuals who are in the process of reopening a previously closed claim.

Victims of Crime (VOC): Any individual who has sustained an injury or requires medical treatment as a result of being a victim of a violent crime must file for coverage with the Victims of Crime Program. Medical conditions covered under the

VOC program will be excluded from CCSS medical assistance until VOC coverage is exhausted.

- Medical conditions unrelated to the crime may be covered by CCSS if the individual is eligible under all other medical assistance criteria.

*Mental Health and Developmental Services:* Individuals with a primary psychiatric diagnosis will be referred for treatment and medications to Southern Nevada Adult Mental Health Services, and will not be eligible for medical assistance through CCSS for that diagnosis. An individual who is diagnosed with mental retardation will be referred to the Desert Regional Center for treatment, and will not be eligible for medical assistance for that condition.

- Mental health medications prescribed for episodic treatment may be covered when prescribed by a primary care provider.
- Individuals with a medical condition unrelated to either a psychiatric diagnosis or a condition of mental retardation may receive limited medical assistance if eligible under all other CCSS criteria.

*Medical Insurance, COBRA Coverage / Insurance Continuation:* Existing medical insurance is a prior resource to CCSS medical assistance. If an individual has available to him/her medical insurance under the provisions of the *Consolidated Omnibus Budget Reconciliation Act of 1985* (COBRA), CCSS may elect to assist with the payment of the medical insurance premiums if all the following conditions are met:

- The individual has a catastrophic or life-threatening illness.
- Annual medical expenses exceed, or are anticipated to exceed, \$25,000.00 per individual.
- The individual/household is eligible within all CCSS medical assistance criteria.

*Third Party Liability and Litigation:* An individual will not be eligible for CCSS medical assistance for any injury or illness for which there may be liability on the part of another person, business, or agency to cover medical expenses or ongoing treatment, or for which there is pending or ongoing litigation.

- If eligible under all other criteria, an individual may receive medical assistance for illness and/or injuries not related to the third party liability or litigation.
  - The individual must execute an agreement to reimburse CCSS prior to receiving medical assistance in this circumstance. Failure of a responsible third party to accept or acknowledge receipt of the signed reimbursement agreement will result in a denial of medical assistance.

**Medical-Specific Programs:** An individual who appears to qualify for a medical-specific program will not be eligible for medical assistance from CCSS for that particular illness/injury. Examples of medical-specific programs include (list not all-inclusive):

- Ryan White Part A
- Aids Drug Assistance Program (ADAP)
- Women's Health Connection (breast and cervical cancer detection)
- Tuberculosis Control

## **4.2 Financial Criteria**

### **4.2.a Resources**

To qualify for medical assistance from CCSS, an individual/household will be allowed resources up to the following limits:

- \$2,000.00 for an individual
- \$3,000.00 for a household of two (2) or more individuals

Individuals/households with resources in excess of the CCSS criteria will not qualify for medical assistance.

### **4.2.b Income**

To be eligible for CCSS medical assistance, an individual/household must have total monthly gross income which does not exceed one hundred eighty percent (180%) of the FPI in use by CCSS as of the date of determination of eligibility for assistance, which is the medical assistance income limit.

An individual/household with total monthly gross income between the medical assistance income limit and the share of cost income limit, which is two hundred percent (200%) of the FPI in use by CCSS as of the date of the determination of eligibility, and meeting all other CCSS medical assistance criteria, may elect to pay the difference between their monthly gross income and the 180% of FPI income limit on a monthly basis to purchase a medical card.

A Social Service Manager may authorize the issuance of medical assistance for individuals/households with income in excess 200% of the FPI, if warranted, for a catastrophic condition. A catastrophic condition is defined as:

- An illness or injury which is anticipated to result in medical bills exceeding \$25,000 annually.

**Hospital Bill Referrals:** For the purpose of hospital bill payment, gross income for an individual/household will be projected for the following lengths of time:



- Income will be projected for six (6) months for outpatient accounts
- Income will be projected for twenty-four (24) months for inpatient accounts

Projected income will be based on the income of the individual/household as documented at the time of application to CCSS.

It is the responsibility of the hospital to provide all verifications required to determine eligibility for medical assistance.

### **4.3 Medical Assistance Certification**

A CCSS medical card can be issued for a minimum of five (5) days up to a maximum of twelve (12) months. The decision as to the length and restriction, if any, of a medical certification will be determined by CCSS staff.

## **SECTION 5**

## **Services Covered Under Medical Assistance**

This section provides information on medical services covered by Clark County Social Service (CCSS) under its medical assistance program, which is a mandated payment source for indigent medical care. See the “*Medical Assistance*” Policy Manual chapter, page 1, for the Nevada Revised Statutes and Clark County Code which specify the County’s mandate for the provision of medical services to indigent residents. It is not an insurance or managed care plan. Medical services are only provided through University Medical Center (UMC), its clinics and its sub-contracted providers unless otherwise specifically stated.

### **5.1 Outpatient Services**

Outpatient services are those medically necessary services provided for the diagnosis and/or treatment of an illness or disease for which the patient will not require care in a facility for more than 24 hours.

### **5.2 Emergency Room Care**

A medical emergency is a situation in which a delay of twenty-four (24) hours in treatment could result in severe pain, loss of life or limb, loss of eyesight or hearing, injury to self or bodily harm to others. This is a higher degree of need than one implied by the words “medically necessary” and requires a physician’s determination that it exists.

Payment for emergency room services is limited to UMC and all other Clark County hospital facilities with one hundred (100) inpatient beds or less.

### **5.3 Inpatient Services**

Inpatient services are furnished by a hospital to a patient, under the direction of a physician, between the time of admission and the time of discharge and include:

- Bed and board
- Drugs
- Anesthesia, nursing services, staff physician services, equipment, supplies, laboratory and radiological services, whether furnished directly by the hospital or pursuant to a contractual agreement made by the hospital

Inpatient hospital services must be furnished in an institution that:

- Is maintained primarily for the care and treatment of patients with disorders other than tuberculosis.

- Is licensed as a hospital by an officially designated authority for state standard setting.
- Meets the requirements for participation in Medicare
- Has in effect a utilization review plan

Clark County and Nevada hospitals that render inpatient medical services to Clark County indigent patients may refer hospital bills to CCSS for payment consideration.

## **5.4 Durable Medical Equipment (DME)/Supplies**

Durable medical equipment (DME), orthotics, prosthetics, disposable medical supplies, and nutritional supplements may be a covered benefit for individuals eligible for medical assistance. To qualify for coverage by CCSS, an item must also be eligible for coverage under the Nevada Medicaid program.

CCSS covers standard medical equipment that meets the basic medical need of the individual.

- Items classified as educational or custodial by nature are not covered.

Administrative authorization for additional services may be requested from a Social Service Manager on a case-by-case basis.

## **5.5 Physical, Speech and Occupational Therapy**

Physical, speech, and occupational therapy services will be provided for restorative purposes only, and will not be authorized for services which are determined to be custodial in nature. All physical, speech and occupational outpatient therapy services may be approved up to a maximum of thirteen (13) visits annually, including the initial evaluation.

- All outpatient therapy services after the initial thirteen (13) visits must have pre-authorization from CCSS.

Physical, speech and occupational therapy will only be provided in accordance with a physician's order specifying the type, frequency and duration.

## **5.6 Medical Transportation**

Ambulance, air ambulance, medi-car, medi-van or medi-coach service may be provided to individuals requiring special transportation under the following circumstances:

- The individual has a valid medical card covering the transportation service date

- Must be an emergency resulting in full or partial CCSS payment of the inpatient or emergency room account
- Approved CCSS long term care cases
- Designated CCSS staff determination

## **5.7 Radiology and Laboratory**

No prior authorization is required for routine X-rays, MRI, MRA, MRS, CAT scan, or ultra-sounds for clients with a valid unrestricted medical card.

- Dexa-scans require pre-authorization.

Laboratory services are only provided through UMC.

## **5.8 Sleep Studies**

All sleep study requests must be ordered by a physician and be pre-authorized by the CCSS RN or designee.

## **5.9 Homemaker Home Health Aide (HHHA) Program**

The Homemaker Home Health Aide (HHHA) program provides general homemaker assistance to eligible individuals who, due to medical limitations or age, are in need of such help, to ensure that their home is maintained in a safe and clean manner. This service allows them to remain in their own homes, and helps to prevent institutionalization.

For more detailed information on Homemaker Home Health Aide (HHHA) Services, including eligibility guidelines, refer to the Homemaker Home Health Aide policy manual section.

## **5.10 Insurance Continuation**

For CCSS policy regarding insurance continuation (COBRA), please refer to the *Medical Assistance* chapter of the CCSS policy manual.

## **5.11 Eye Examinations and Eyeglasses**

Individuals with a valid CCSS outpatient (with no other restrictions listed) medical card can receive medically necessary vision services which are prescribed by a licensed optometrist, including eye examinations, lenses and frames.

Vision services are limited to a routine, refractive examination of the eyes once every twelve (12) months and lenses and frames once every two (2) years. When possible, existing frames must be used.

Vision services require pre-authorization by designated CCSS staff and must be obtained through a CCSS contracted vision service provider.

Contact lenses are not provided unless their use is:

- The only means to bring vision to the minimum criteria to avoid legal blindness.
- Medically indicated following cataract surgery.
- The necessary means for avoiding very heavy glasses which hurt the bridge of the nose.
- Required when the recipient has a diagnoses of keratinous.

Sunglasses and reading glasses which can be purchased over-the-counter are not covered.

Eligibility for Eye Examinations and Eyeglasses is subject to the Eye Examinations and Eyeglass program being funded by CCSS and if funded, limited to the extent of such funding.

## **5.12 Long Term Care**

Long Term care services are provided by CCSS for individuals who, for medical reasons, are not able to meet their needs in an independent living environment and who meet both the financial and medical criteria. Types of long term care services provided include:

- Adult day care placement and payment
- Adult group care placement and payment
- Intermediate and skilled nursing facility placement and payment

For more detailed information on long term care, including eligibility guidelines, refer to the Long Term Care policy manual section.

## SECTION 6

## HOSPITAL REFERRALS

Clark County Social Service (CCSS) provides payment to area hospitals for individuals who fall sick in Clark County, in accordance with NRS 428.010 – 428.110, 428.115 – 428.255, and 428.265 – 428.345. This applies for any individual, whether or not he/she is an actual resident of Clark County.

A hospital referral is an account/claim from a hospital that is sent to CCSS for payment consideration based upon medical assistance criteria which is reviewed by designated CCSS staff. The standard referral period is July 1 through June 30 of each fiscal year.

- Accounts received for payment consideration must meet the submission timelines as defined in the Clark County Administrative Agreement with University Medical Center (UMC) in effect as of the date the account was incurred.
  - Some specific types of accounts—such as Indigent Accident Fund accounts (IAF)—may have differing submission timelines as specified by individual regulations or NRS.
  - Hospitals may request submission timeline extensions from CCSS. Requests must be made in writing and in advance of the original due date.

Inpatient, emergency room, and outpatient accounts may be referred to CCSS for payment consideration from UMC and any hospital in Clark County with fewer than one hundred (100) beds.

- Accounts for inpatient medical services only may be referred by all other hospitals to CCSS for payment consideration.
  - Inpatient stay coverage begins with the actual admittance date and ends with the discharge date, and must constitute a minimum twenty-four (24) hour period. The dates of inpatient stay must be certified by the hospital's Utilization Review staff and provided to CCSS with the account referral.
- Nevada hospitals located outside Clark County who provide medical services to Clark County residents appearing to be indigent must refer accounts to CCSS for payment consideration in accordance with NRS 450.400.
- Hospitals located outside of Nevada providing medical assistance to Clark County residents cannot submit accounts for payment unless the services and care provided have been preauthorized by CCSS.
  - Hospitals located outside of Nevada which provide medical assistance to residents in out-of-state long term care facilities may refer accounts to CCSS for payment consideration if the individual for whom care is

provided has been placed in that long term care facility by CCSS and has their long term care paid for by CCSS. There must be no other prior resources available for payment of the hospital care.

- Individuals may not submit hospital accounts to CCSS directly.
- CCSS reserves the right to obtain a second opinion from a professional medical review agency regarding an inpatient admission.

## **6.1 Hospital Uncompensated Care**

NRS 439B.300 – 439B.340 mandate certain hospitals to provide a specific amount of indigent medical care without compensation. Referrals from these hospitals are evaluated in accordance with the Clark County Administrative Agreement with UMC in effect on the date the account was incurred, and, if eligible according to CCSS criteria, certified for indigent status toward the uncompensated care amount requirement.

## **6.2 Referral Submission Requirements**

It is the responsibility of the hospital to identify potentially indigent individuals before his/her discharge date, and when submitting an account to CCSS for payment consideration, to provide a completed application and all other supporting verifications/documentation necessary to determine eligibility.

- A hospital must advise an individual if his/her account is being referred to CCSS for payment consideration.
- Individuals/households for whom hospital accounts have been referred for payment consideration will have eligibility determined in accordance with the CCSS criteria for medical assistance.

**Prior Resources:** Hospitals must determine whether or not there are any other prior resources available for medical assistance before submitting an account to CCSS for payment consideration.

- Individuals/households eligible for other programs are considered to have their medical needs met by those programs.
- If an individual appears to be eligible for another program, the hospital is responsible for referring and working with the individual to establish eligibility for that program.
  - Failure to apply for and/or cooperate with a prior resource will lead to a denial of any referred hospital accounts. A hospital is responsible for notifying individuals (or their representatives) that failure to apply for or cooperate with an identified prior resource will lead to denial by CCSS of any referred hospital accounts.
  - Hospital accounts which have been denied by a prior resource or third party payer due to failure to cooperate, or failure to notify or submit a

- claim in a timely manner as required by that prior resource or third party payer may not be referred to CCSS for payment consideration.
- CCSS will not consider for payment any account which has been denied by a prior resource or third party payer for lack of medical justification or documentation acceptable to that resource/payer.

### **6.3 Eligibility**

Individual/household eligibility for payment of referred hospital accounts will be determined in accordance with CCSS General and Medical Assistance criteria.

- No eligibility determination is required for payment of hospital bills referred for payment for Victims of Sexual Assault and for initial diagnostic medical examination for allegedly mentally ill persons.

### **6.4 Hospital Referral Decisions**

All hospital accounts referred for payment consideration will receive one of the following decisions:

- Accepted – account will be paid by CCSS
  - Referrals may also be partially paid, depending on individual/household eligibility. If it is determined that excess income or resources are available, that excess may be utilized to offset the per diem amount of the referral. Any balance remaining will be the amount paid by CCSS.
- Denied – account will not be paid by CCSS

### **6.5 Supplemental Fund Referrals**

Inpatient hospital accounts accepted for payment by CCSS that exceed \$25,000.00 will be referred to the Nevada State Supplemental Fund for payment of those charges in excess of \$25,000.00.

- For hospitals with uncompensated care requirements, no accounts will be referred to the Supplemental Fund until the hospital has met its annual uncompensated care obligation.
- Hospital bills referred as IAF accounts are not referred to the State Supplemental Fund, regardless of billed/per diem amounts.



## **6.6 Special Types of Referrals**

### **6.6.a Indigent Accident Fund**

NRS 428.115 – 428.255 provides services for indigent individuals injured in motor vehicle accidents which occurred on a public street or highway within Nevada. For out-of-state residents injured in an accident occurring on a public street or highway within Nevada, and cared for in a hospital within Nevada, the county in which the person was injured is considered to be the county of residence.

In order to be considered for IAF certification, all the following are required:

- The patient's injuries are examined and recorded in a hospital within fifteen (15) days after the date of the accident.
- The patient receives inpatient care.
- The hospital makes timely efforts to collect the amount of charges for hospital care furnished. These efforts must include documented evidence of full or partial unavailability of the following sources of possible payment:
  - Third person's contractually liable and adequate efforts to secure the patient's application for or compliance with the requirements of eligibility for payment
  - The patient's income
  - The patient's assets
- Unless waived by the board of trustees of the fund, the hospital submits to the appropriate board of county commissioners, within two (2) years after the patient is discharged, its request for a determination that the patient is an indigent person.
- Application for reimbursement is made by the hospital or hospitals providing the hospital care within thirty (30) days after receipt of a certification of the patient's indigency from a county.
- The claim for hospital care is examined for appropriateness of admission, length of stay, medical necessity and utilization of health care.

For any IAF submissions, hospitals must meet all requirement and procedures as specified in the Nevada Administrative Code (NAC) 428.030 – 428.090.

### **6.6.b Victims of Sexual Assault**

NRS 217.350 and Chapter 2.52 of the Clark County Code provide for payment of medical care rendered to victims of sexual assault occurring in Clark County. Clark County payment is obligatory for the first seventy-two (72) hours of initial treatment only.

In order to be considered for payment, accounts for victims of sexual assault must:

- Be submitted to Clark County within the time limits as specified in NRS.

- Be for charges which are a result of a sexual assault as defined in NRS 200.366, or for a person upon whom a sexual assault has been attempted.

Medical providers eligible for reimbursement include:

- Ambulance companies
- Hospitals
- Physicians licensed by the State of Nevada
- Pharmacies
- Labs

Bills for victims of sexual assault submitted for payment consideration must include the following documentation:

- Physician's report which indicates the treatment was provided for sexual assault or attempted sexual assault.
  - Medical records accompanying each bill will be reviewed to determine if the medical service rendered was for alleged or attempted sexual assault.
- Police report or the police event number on the UB-92.
  - Bills for persons not making a police report must be documented by a signed statement from the individual which includes:
    - A statement that the individual was sexually assaulted
    - The date of the assault
    - The approximate time of the assault
    - The location of the assault
    - Comment sheet showing that the patient has been asked about possible prior resources for payment
- All bills for services provided to juveniles must have the signature of a police officer or a protective service officer.

Accounts or portions of accounts which are found ineligible for payment under this program will be denied and returned to the provider. The denial will include notification of the reason for denial of payment.

#### **6.6.c Involuntary Outpatient Psychiatric Assessments/Mental Health Accounts (MTH)**

NRS 433A.680 provides for payment by Clark County for the costs of psychiatric outpatient medical examinations for allegedly mentally ill individuals prior to that individual's involuntary admission to a mental health facility.

- The individual must have been a resident of Clark County prior to admission.

A hospital referring an MTH account for payment must submit:

- Hospital admission sheet
- Verification of the individual's identity and resources
- Documentation that the individual was involuntarily admitted
- Verification that any other insurance or program resources have been pursued for payment

**SECTION 7****ALTERNATIVE HEALTH CARE SERVICE (AHC)**

Clark County Codes 2.48.055 and 2.48.060 require Clark County Social Service (CCSS) to provide assistance with AHC-related services for eligible Clark County applicants. Alternative Health Care (AHC) is a short-term homemaker service that provides in-home services to patients who have been:

- Recently discharged from an acute care hospital
- Discharged from a Rehabilitation facility
- Identified as “at-risk” by Senior Citizens Protection Services

AHC service is based on the principle that in-home care can help preserve and/or improve the quality of clients’ daily lives and reduce the need for unnecessary institutionalization.

The purpose of the AHC program is to:

- Enable temporarily or permanently disabled or senior individuals to remain in their own homes.
- Enable elderly/disabled individuals to maintain independence, self-sufficiency and dignity.
- Reduce the emotional and financial costs of higher levels of care, such as nursing homes
- Promote the healing/recuperative process so that the individual can resume their activities as soon as possible.

ACH provides homemaker services to elderly/disabled individuals who require assistance with personal care and /or housekeeping activities.

The services include:

- Light house cleaning
- Shopping for groceries and medications
- Light meal preparation
- Laundry
- Personal care (help with grooming and bathing)

The amount and type of service provided is determined by AHC staff and may be increased or decreased as appropriate to the household’s needs.

The program receives referrals from:

- CCSS staff

- Senior Citizens Protective Service
- Clark County Health District
- Area hospitals
- Nursing homes
- Home health agencies
- Patients themselves

Eligibility for assistance will be determined based on Medical Assistance Service (MAS). Failure to permit reasonable investigation will result in a denial of assistance. The household may be requested to provide information regarding residence for three (3) years prior to application.

## **NONFINANCIAL CRITERIA**

### **HOUSEHOLD COMPOSITION**

A household includes:

- Individual(s) who are eighteen (18) years of age or older
- Individual's spouse (see eligibility criteria)
- Individual's minor children
- Unrelated minors in the household (with Social Work intervention)
- Unmarried individuals with children and/or assets in common
- Individual(s) under legal guardianship
- Individual(s) who are married but separated from spouse.
- Individual(s) under sponsorship of the U.S. Citizenship and Immigration Service (USCIS)
- Sponsor(s) must be the applicant
- Sponsor and individual(s) seeking services must be eligible under all MAS criteria

Individuals who are considered minors:

- Are under the age of eighteen (18) years
- May not apply for benefits
- Must be included in the household of their parents, guardian, or an adult relative.

Minors who are considered adults are:

- Emancipated by court process
- Legally married and sixteen (16) to eighteen (18) years of age

NOTE: NRS 129.130 #6 "Decree of Emancipation: A petition may be filed by any person or by any public agency to void a decree of emancipation on the following grounds: the minor has become indigent and has insufficient means of support"

### **HOUSEHOLD IDENTIFICATION (ID)**

All household members must provide two (2) forms of ID. Adults must provide a photo ID. Individuals with no ID may be issued services one (1) time, subsequent services will require an ID or Social Work intervention.

#### **Verifications:**

- Driver's license
- State ID
- Passport
- Employment ID
- Southern Nevada Adult Mental Health Services (SNAMHS) ID
- Social Security card
- Birth certificate
- Hospital birth record
- Immunization record from a doctor or clinic
- Baptismal record
- State of Nevada Division of Welfare and Supportive Services (NWSS) Food Stamp or Medicaid card
- School records or ID
- USCIS ID including:
  - Certificate of Naturalization
  - Resident Alien card
  - Affidavit of Sponsorship
- Other ID, as deemed acceptable by CCSS designated employee

#### **Other supporting forms of ID may include:**

- Marriage license
- Legal separation agreement
- Property settlement agreements
- Divorce decree
- Adoption or legal guardianship
- Lease/rental agreement or proof of mortgage
- Other legal documents as deemed acceptable by designated CCSS employee.

## **U.S. CITIZENSHIP AND ALIENS WITH LAWFUL U.S. RESIDENCE REQUIREMENTS**

An Individual(s) may be eligible for AHC if they meet all AHC criteria and are a U.S. Citizen or have lawful resident status in the U.S.

### **Verification:**

- Birth certificate
- U.S. Passport
- Naturalization Papers
- State Department/Embassy/Military Issued Birth Record
- CCSS designated staff determination

### **Sponsored Aliens With Lawful U.S. Residence**

The following categories may be eligible for MAS

- Aliens who have lawful permanent residence status
- Aliens who are beyond the sponsorship period
- Aliens who remain under lifetime sponsorship. Lifetime sponsorship began on December 19, 1997 and the obligation continues until the sponsored alien meets one of the following criteria:
  - Is Naturalized
  - Alien has worked 40 quarters
  - Alien can be credited with 40 quarters of work
  - Alien leaves the United States permanently
  - Alien dies
  - Sponsor(s) is/are deemed indigent by CCSS standards
  - Sponsor(s) leave(s) the United States permanently

### **Verifications:**

- Naturalization Papers
- Affidavit of Support
- Social Security documentation
- US Citizenship and Immigration Services (USCIS) Permanent Resident Card
- CCSS designated staff determination

### **Unponsored Aliens with lawful permanent residence**

- Alien battered spouse and child
- Alien who entered by lottery
- Refugees

- Aliens granted asylum
- Parolees
- Cuban/Haitian entrants

Verifications:

- USCIS documentation
- CCSS designated staff determination

**Unponsored Aliens who have exhausted their seven (7) year limit**

Unponsored aliens who have exhausted their 7 year limit of SSI benefits and have not established U.S. citizenship may request payment of USCIS citizenship application fees from CCSS.

- Require written case plan with supervisory approval.
- Case plan should move alien towards obtaining citizenship
- Failure of alien to participate fully in the case plan can result in denial of services.

Verifications:

The following USCIS documents with appropriate code:

- I-94
- I-151
- I-551
- I-680
- I-688A & B
- I-766
- PRUCOL Social Security Numbers
- Proof of SSI Cessation
- CCSS designated staff determination

**Lawful Aliens with expired documents**

Lawful aliens with expired documents may be denied services unless they make every effort to renew their documents. AHC services may be issued once. Subsequent issuance(s) of AHC require CCSS supervisory approval.

**Lawful aliens without documentation**

Lawful aliens without documentation may qualify for AHC under limited circumstances with CCSS supervisory approval.



**Aliens without legal US residency include:**

- Foreign students
- Foreign visitors
- Aliens admitted under work visas and their families
- Undocumented aliens

Alien applying for CCSS services may be told that receiving CCSS assistance may be reported to the USCIS.

**RESPONSIBLE RELATIVES**

In cases in which the responsible relative appears to have the ability to assist and refuses to do so, the matter may be referred to the Clark County District Attorney's Office (DA).

**Spouse**

- Responsibility for spouse is required before Clark County assistance may be considered.
- In cases of separation of a spouse from the applying individual the separated spouse's ability to assist, by CCSS standards, will be assessed.

**Verifications**

- Marriage license
- Legal documents of separation
- Divorce decree
- Lease/rental agreement or proof of mortgage
- CCSS designated staff determination

**Parents of minor children**

- Parental responsibility for minor children is required before Clark County assistance may be considered.
- The absent parent(s) ability to assist will be assessed; referrals to the DA Family Support Division office to pursue child support will be required. An individual may be issued AHC for the month of application, but must produce verification of status for subsequent services. (NRS 125B.020)

**Verification:**

- Statements of responsible relatives
- Guardianship documentation
- Adoption documentation

- Service unit member's declaration
- Divorce decrees
- Legal separation agreements
- CCSS designated staff determination

## **RESIDENCY**

### **Clark County Residency**

The household must be domiciled in Clark County Nevada and intend to reside here indefinitely. Individuals who knowingly relocate to the County for the purpose of acquiring public assistance may be denied services.

#### **Verification:**

- Rent receipt of the service unit or landlord
- landlord statement
- mortgage payment book
- proof of property ownership
- CCSS designated staff determination

## **AHC PRIOR RESOURCE GUIDELINES AND REQUIREMENTS**

- Individuals receiving medical benefits from, or appear eligible for Federal, State, Public or Private service(s) may not qualify for CCSS assistance.
- Individuals must apply for the appropriate prior resource.
- Cooperation with other medical assistance programs is mandatory
- If the individual does not apply for appropriate prior resources or is determined ineligible due to non-cooperation, the individual will be denied for CCSS programs.
- Bankruptcy (requires full eligibility determination)

### **Social Security Administration**

#### **SSI and Medical Assistance for Aged Blind and Disabled (MAABD)**

- Individuals receiving SSI benefits are eligible for MAABD and not eligible for AHC
- Applying for SSI disability does not mean that the individual is disabled and unable to look for work.
- Disabled individuals pending SSI must apply for MAABD and provide necessary verifications.

Verification:

- Documentation of disability from a licensed physician or be involved in social work intervention.
- Social Security documentation
- State of Nevada Division of Welfare and Supportive Services (NWSS) documentation
- CCSS designated staff determination

**Veterans Administration (VA)**

- An individual who qualifies for medical treatment through the VA may not qualify for ongoing AHC.
- MAS may be issued one time pending VA application process; subsequent issuances may be provided with Supervisory approval, if all other eligibility requirements are met.
- Limited AHC may be issued if a medical service is not covered thru VA.

Verification:

- VA documentation
- CCSS designated staff determination

**Nevada Medicaid**

- Medicaid recipients are not eligible for AHC. Income and resources of Medicaid recipients may be included when computing AHC eligibility for other AHC/MAS applicants in the household.
- When a household unit has Medicaid benefits suspended or denied due to the lack of cooperation with SSI requirements the household members will not be eligible for AHC.
- NWSS MAABD applicants who are disabled and pending SSI and meet all other CCSS requirements may be eligible for limited AHC which covers:
  - Compliant with SSI and NWSS process
  - Denied SSI and NWSS MAABD
  - Compliant with a CCSS Social Work Intervention case plan

Verification:

- NWSS Documentation
- CCSS designated staff determination

**Residential Programs**

Persons supported by state or federally funded residential programs, or placed in residential programs, will not be eligible for AHC

Verification:

- Residential program documentation

**Employment Security Unemployment Insurance Benefits (UIB)**

- An individual who is receiving for financial services through the UIB may not qualify for AHC
- An individual who appears to qualify, but has not applied, must:
  - Apply prior to AHC issuance.
  - Provide UIB denial for subsequent AHC
  - Provide verification of legitimate delay by UIB.
- Disabled individuals are exempt with verified disability.

Verification:

- WC documentation

**Other Medical-Specific Programs**

An individual who appears to qualify for a medical-specific program must apply for the appropriate problem which may include:

- Tuberculosis Control
- Services for the Blind
- Children's Special Health Services
- Lions Club Sight Conservation Program
- Baby Your Baby
- Nevada Check Up
- Women's Health Connection
- Methadone Maintenance Program
- Refugee Resettlement Program
- Indian Health Service
- Other

Verification:

- Third party documentation
- CCSS designated staff determination

## RESOURCE CRITERIA

### ASSETS RESERVES

Assets are disregarded up to \$20,000 per service unit for AHC. Assets include, but are not limited to the following items:

- Individual(s) with excess resources/assets will not be eligible for AHC.
- Individual(s) meeting resource limits must also meet other AHC criteria.

#### Resources/Assets include:

- Market value of real estate or trust deeds less encumbrances
  - Excludes primary residence up to one (1) acre.
  - Excludes primary residence up to five (5) acres, if residing in a Clark County zoning district requiring ownership of more than one (1) acre.  
Note: Residential property is a house, mobile home or motor home occupied by the individual as a primary dwelling and owned by at least one member of the household.
- Cash
- Stocks
- Bonds
- trust funds
- individual retirement accounts (IRA)
- 401-Keogh
- tax deferred annuities
- bank accounts
- royalties
- Livestock
- Motor vehicles trailers, boats, etc.
  - Excludes the primary motor vehicle
  - A second vehicle will be allowed if necessary for medical care or employment for a second adult in the household.
  - Other vehicles:
    - The individual may be issued AHC/MAS one time and allowed one month to take corrective action regarding excessive vehicle(s).
    - Market value, less encumbrances, may not exceed the resource limit for the household size.
- Cash value of life insurance policies (less burial policies from mortuary).
- Any resources considered assets under definition of U.S. Bankruptcy Court provisions. Bankruptcy requires full eligibility determination.
- Other items that can be converted into cash (less mandatory fees to convert)

Verifications:

- Documentation from source of asset:
- Registration of vehicle
- Department of Motor Vehicles documentation
- Kelley Blue Books
- Appraisal from a licensed auto dealer
- CCSS designated staff determination

**Resources/Assets Not Immediately Available**

AHC may be issued under all the following circumstances when the individual's assets exceed the program guidelines and meets all other AHC criteria:

- Assets are not immediately available
- The individual's medical needs are emergent
- The individual or legal guardian must sign a reimbursement agreement.
- Attempt to deplete the asset within CCSS criteria

Verification:

- Documentation from source of asset
- CCSS designated staff determination

**LIQUIDATED ASSETS**

**Sale, Spend Down or Transfer of Personal Assets**

Individual(s) must report the sale, spend down or transfer in any manner of the personal assets of anyone in the household that occurs within thirty-six (36) months prior to or anytime after application for CCSS services. Liquidated assets may be considered as lump sums. Transfer or divestiture of a resource for less than fair market value is presumed to have been made for the purpose of establishing CCSS eligibility. This assumption will prevail unless clear and convincing evidence is provided by the individual that:

- The resource was transferred for some other reason, or
- At the time of a transfer, the individual could not have anticipated becoming eligible due to circumstances which would have precluded eligibility

Resources not available to a service unit due to criminal act may be disregarded with verification.

Verifications:

- Bill of Sale

- Transfer Statement
- Receipts for payments/purchases
- Police report
- CCSS determination.

### **LUMP SUM PAYMENTS**

Lump Sums are:

- Assets received within thirty-six (36) months prior to the application or at any time following the application.
- Non-recurring income or asset(s) in the amount of \$5001 or greater
- Assumed to be available for living expenses and/or medical expenses.

Examples include:

- Workers Compensation settlements
- Proceeds from sale of real estate
- Insurance settlements
- Proceeds from litigation, inheritances, trusts
- Pensions, stocks, retirement accounts
- Proceeds from other assets
- Exclusions:
  - Social Security retroactive payment(s)
  - Internal Revenue refund(s)
  - Stolen, embezzled, or otherwise made unavailable due to circumstance beyond the control of the service unit may be exempted with the following documents:
    - ♦ Police report or legal documentation
    - ♦ Other agency report
    - ♦ Determination by CCSS designated staff
  - If the lump sum was received more than thirty-six (36) months prior to the request for service, the lump sum will be considered depleted.
  - If the lump sum was received less than thirty six (36) months prior to the request for services, a spend down computation is done to determine if any of the lump sum is available by CCSS standards.

**Resource allowances** will be \$2,000 for household of one (1) and \$3,000 for household of two (2) or more.

**Allowable expenses** to spend down excess will only include:

- Child support payments if not deducted from wages
- Verified licensed child care or adult day care
- IRS payments if not deducted from wages
- Court order costs, fines, and attorney fees
- Payments for medical expenses:

- Medical bills
- Prescriptions
- Medical insurance premiums and co-pays
- Prescribed durable medical equipment and disposable medical supplies
- Burial or Cremation accounts or insurance
- Purchase or major repair of primary vehicle
- Vehicle insurance
- Vehicle Registration
- Purchase of primary residence
- Major repair of primary dwelling to maintain habitability
- Purchase or repair of major appliances in primary residence
  - Air conditioning/heating system
  - Refrigerator
  - Stove
  - Water heater
  - Purchase or modifications made to primary residence to accommodate disabilities

## **Calculation**

A spend down computation is completed to determine eligibility for CCSS programs. Using the following calculations:

1. Verify the amount of the lump sum, the date received and source.
2. Add all income from the date the lump sum was received, through the month of eligibility determination.
3. Count the number of months from the date the lump sum was received excluding the month eligibility is determined.
4. Determine the current standard of need for the household size.
5. Multiply steps #3 and #4.
6. Subtract the allowable debts from the result of Step #5.
7. Subtract the resource/ asset allowance for the household size from the result of Step #6. This will determine the remainder of the lump sum.
8. When more than one lump sum is received in a 36 month period prior to eligibility determination start calculations using the oldest lump sum.
9. Add subsequent lump sums in other income to make calculations.

## **Outcome**

- If the remainder is less than the current standard of need for the household size, the lump sum is considered depleted.
- If the remainder is more than the current standard of need for the household size, divide the remainder by the current standard of need for the household size to determine the period of ineligibility which begins with the month of eligibility determination.



- Ineligibility will not exceed 36 months total from the date the lump sum was received through the date of ineligibility.
- Subtract the number of months from the date the lump sum was received (#3 above) from 36 months. If this number is less than the number of months of ineligibility use the smaller of the two to determine the number of months of ineligibility.

Service units with pending “lump sum benefits” will be required to provide verifications appropriate to this resource. The CCSS designated staff is to obtain the name of the service unit's attorney, if applicable. A reimbursement agreement is to be completed and forwarded to the service unit's attorney, if applicable.

If anyone in the service unit qualifies for Supplemental Security Income (SSI) and/or Medicaid, but has been disqualified for divestment of an asset, they will not qualify for AHC/MAS for a maximum of thirty-six (36) months from the date of divestiture.

## **FINANCIAL CRITERIA**

### **INCOME**

Individuals must report all income received or anticipated by any member of the household or USCIS Sponsors. All income is included for AHC eligibility

#### **Earned Income:**

- Wages
- Training stipends
- Seasonal income may be averaged over twelve (12) months
- Self-employment income minus allowable expenses:
  - Rent for business location if outside of primary residence.
  - Job related supplies, tools or materials used to complete a given job or trade
  - Employee wages as reported to IRS, not the applicants
  - License and certificate fees
- Other earned income

#### **Unearned Income:**

- Pensions
- Social Security
- Unemployment Insurance Benefits
- Veterans Administration Benefits
- Workers Compensation
- Federal/State Income Tax Refund(s)

- Trust Income
- Child Support
- Alimony
- Gambling winnings
- Foster Parent Income
- Educational Grants for living expenses
- Monetary gifts
- Loans
- Donations/Contributions
- Bills paid by others outside the household
- Utility allowance
- Other unearned income

#### **Excluded Income:**

- Educational grants for tuition and books
- Corporation for National and Community Service stipends
- Senior Companion
- Foster Grandparent Program (FGP)
- Retired Senior Volunteer Program (RSVP)
- Emergency Food and Shelter Program (EFSP)
- Emergency Shelter Grant (ESG)
- Energy Assistance Program (EAP)
- Welfare Set-Aside Program (WSAP)

#### **Lost or Stolen Income**

Lost or stolen income is included under MAS criteria.

Stolen income requires a police report and/or a report to the agency providing the income within twenty-four (24) hours

#### **Suspended Income:**

MAS may be issued with Social Work Intervention to assist in reinstatement of benefits.

#### Verification:

- Business license for self employed
- Tax Returns (Last three (3) years)
- Employees W-2 or 1099
- Bank statements (last three (3) with current balance)
- Business ledgers
- Wage stubs (gross amount prior to deductions)
- Statement from employer

- Social Security documents (gross amount prior to deductions)
- Police or agency report
- Other
- CCSS designated staff determination

**Calculating Gross Income Under Federal Poverty Guidelines:**

- Average last 3 months wages.
- Year to date gross income divided by the number of months/weeks employed or number of months/weeks since January of the current year, whichever is less.
- Project income from anticipated hourly wage multiplied by number of hours worked per pay period multiplied by frequency of pay periods.
- If this cannot be provided, assess current income/wages. If client has no income at the time of eligibility determination, assess verifiable anticipated income from secured employment or other resources.
- Amount of contributions or bills paid by others in the individual's behalf averaged per month.
- Add Tips, if applicable by calculating 15% of income, when the actual amount is not available on income verification.

## **SECTION 8**

## **BURIAL AND CREMATION ASSISTANCE**

Clark County, through Clark County Social Service (CCSS), is responsible for providing burial or cremation for persons who die within Clark County and who meet MAS eligibility guidelines. The legal statutes applicable to Cremation and Burial Services in Clark County are Nevada Revised Statutes (NRS) 428.010, 428.020, 428.030, 428.040, 428.080, 428.090, 428.093, 451.025, 451.080, and 451.650.

### **Burial and Cremation Assistance:**

- Referrals are accepted only from mortuaries on rotation with the CC Coroner's office or from the CC Public Administrator (PA)/Public Guardian (PG)
- Request for service must be made by:
  - The mortuary
  - A family member of the deceased
  - A friend of the deceased
  - An authorized representative
- Is provided in payment directly to the mortuary and/or CC approved cemetery
- Will be paid after the Completion Report is completed and receive
- Will be paid after the invoice is submitted to and approved by the CCSS designated staff
- Is provided for deceased individuals who:
  - Meet all Burial and Cremation criteria (Medical Assistance Service [MAS])
  - Are Non CC residents who die within CC
  - CC Residents who die within or outside of CC:
    - If placed by CCSS in Long Term Care
    - If placed by CCSS in a CC approved hospital
    - Children placed by CC

CCSS designated staff will determine eligibility for burial and/or cremation with the decedent's family or next of kin, when applicable.

Burial and Cremation services will not be provided for individuals who expire outside of Clark County.

CCSS does not preauthorize burial or cremation.

Failure of the decedent's estate or decedent's family to permit a reasonable investigation or to furnish eligibility information may result in the denial of assistance.

The CC PA/PG is responsible for handling the estates of individuals who:

- Die in CC
- Had residence in Nevada
- Left no will
- Had no relatives capable of assuming the responsibility for the decedent's estate

When CCSS is responsible for the burial or cremation of a decedent represented by the PA/PG, a reimbursement agreement will be required.

It is the responsibility of the attending physician or the Clark County Coroner to notify the decedent's next of kin.

The deceased individual's representative or PA/PG's office must provide all the necessary information regarding the decedent, the decedent's family, the decedent's estate which includes:

- Demonstrate a need for the service
- Verify all household members
- Disclose the identity of all individuals living at the same residence
- Not be eligible for prior resources (*refer to Prior Resource Section*)
- Sign a release permitting CCSS to verify facts of eligibility
- Submit required verifications at the time of CCSS eligibility interview

## **NONFINANCIAL CRITERIA**

### **HOUSEHOLD COMPOSITION**

A household includes:

- Individual(s) who are eighteen (18) years of age or older
- Individual's spouse (*see eligibility criteria*)
- Individual's minor children
- Unrelated minors in the household (with Social Work intervention)
- Unmarried individuals with children and/or assets in common
- Individual(s) under legal guardianship
- Individual(s) who are married but separated from spouse

- Individual(s) under sponsorship of the U.S. Citizenship and Immigration Service (USCIS):
  - Sponsor(s) must be the applicant
  - Sponsor and individual(s) seeking services must be eligible under all MAS criteria

### **HOUSEHOLD IDENTIFICATION (ID)**

All household members must provide two (2) forms of ID. Adults must provide a photo ID.

Burials or cremations may be provided for individuals with no ID.

#### **Verifications include:**

- Driver's License
- State ID
- Passport
- Employment ID
- Southern Nevada Adult Mental Health Services (SNAMHS) ID
- Social Security card
- Birth certificate
- Hospital birth record
- Immunization record from a doctor or clinic
- Baptismal record
- Nevada State Welfare Food Stamp or Medicaid card
- School records/ID
- USCIS ID:
  - Certification of Naturalization
  - Resident Alien card
  - Affidavit of Sponsorship
  - Other ID, as deemed acceptable by CCSS designated employee

Other supporting forms of ID may include:

- Marriage license
- Legal separation agreement
- Property settlement agreements
- Divorce decree
- Adoption or legal guardianship
- Lease/rental agreement or proof of mortgage
- Other legal documents as deemed acceptable by designated CCSS employee

## **RESPONSIBLE RELATIVES**

In cases in which the responsible relative appears to have the ability to assist and refuses to do so, the matter may be referred to the Clark County District Attorney's Office (DA).

### **Spouse:**

- Responsibility for spouse is required before Clark County assistance may be considered
- In cases of separation of a spouse from the applying individual the separated spouse's ability to assist, by CCSS standards, will be assessed.

### **Verifications:**

- Marriage license
- Legal documents of separation
- Divorce decree
- Lease/rental agreement or proof of mortgage
- CCSS designated staff determination
- Parents of minor children:
  - Parental responsibility for minor children is required before Clark County assistance may be considered
  - The absent parent(s) ability to assist will be assessed; referrals to the DA Family Support Division office to pursue child support will be required.
- Statements of responsible relatives
- Guardianship documentation
- Adoption documentation
- Service unit member's declaration
- Divorce decrees
- Legal separation agreements
- CCSS designated staff determination

## **RESIDENCY**

The individual must have been domiciled in Clark County Nevada with intention to reside indefinitely.

Individuals who knowingly relocate to the County for the purpose of acquiring public assistance may be denied services.

### **Verifications:**

- Rent receipt of the service unit or landlord

- Landlord statement
- Mortgage payment book
- Proof of property ownership
- CCSS designated staff determination

## **RESOURCE CRITERIA**

### **RESOURCES/ASSETS**

Resources and assets have specific limits for MAS:

- Any and all assets belonging to single member households are assumed to be available for payment of burial/cremation
- Single surviving household members will be allowed \$2,000
- 2 or more surviving household members will be allowed \$3,000

Individual(s) with excess resources/assets will not be eligible for Burial and/or cremations assistance.

Individual(s) meeting resource limits must also meet other CCSS Burial and/or cremations criteria.

Resources/Assets include:

- Market value of real estate or trust deeds less encumbrances
- Excludes primary residence up to one (1) acre
- Excludes primary residence up to five (5) acres, if residing in a Clark County zoning district requiring ownership of more than one (1) acre.  
Note: Residential property is a house, mobile home or motor home occupied by the individual as a primary dwelling and owned by at least one member of the household
- Cash
- Stocks
- Bonds
- Trust funds
- Individual retirement accounts (IRA)
- 401-Keogh
- Tax deferred annuities
- Bank accounts
- Royalties
- Cash value of life insurance policies (less burial policies from mortuary)



Motor vehicles trailers, boats, etc.:

- Excludes the primary motor vehicle
- A second vehicle will be allowed if necessary for medical care or employment for a second adult in the household
- Other vehicles:
  - The individual may be issued MAS one time and allowed one month to take corrective action regarding excessive vehicle(s)
  - Market value, less encumbrances, may not exceed the resource limit for the household size
- Livestock
- Any resources considered assets under definition of U.S. Bankruptcy Court provisions
- Any other items that can be converted into cash (less mandatory fees to convert)

Verification:

- Documentation from source of asset Verification
- Registration of vehicle
- Department of Motor Vehicles documentation
- Kelley Blue Books
- Appraisal from a licensed auto dealer
- CCSS designated staff determination

**Resources/Assets Not Immediately Available:**

Services may be issued under all the following circumstances when the individual's assets exceed the program guidelines and meets all other MAS criteria:

- Assets are not immediately available
- The spouse or legal guardian must sign a reimbursement agreement
- Attempt to deplete the asset within CCSS criteria

Verification:

- Documentation from source of asset
- CCSS designated staff determination

## **LIQUIDATED ASSETS**

### **Sale, Spend Down or Transfer of Personal Assets**

Individual(s) must report the sale, spend down or transfer in any manner of the personal assets of anyone in the household that occurs within thirty-six (36) months prior to or anytime after application for CCSS services.

Liquidated assets may be considered as lump sums.

Transfer or divestiture of a resource for less than fair market value is presumed to have been made for the purpose of establishing CCSS eligibility.

This assumption will prevail unless clear and convincing evidence is provided by the individual that:

- The resource was transferred for some other reason, or
- At the time of a transfer, the individual could not have anticipated becoming eligible due to circumstances which would have precluded eligibility

Resources not available to a service unit due to criminal acts may be disregarded with verification.

#### **Verification:**

- Bill of Sale
- Transfer Statement
- Receipts for payments/purchases
- Police report
- CCSS determination

## **LUMP SUM PAYMENTS**

Lump Sums are:

- Assets received within thirty-six (36) months prior to the application or at any time following the application
- Non-recurring income or asset(s) in the amount of \$5,001 or greater
- Assumed to be available for living expenses and/or medical expenses, examples include:
  - Workers Compensation settlements
  - Proceeds from sale of real estate
  - Insurance settlements
  - Proceeds from litigation, inheritances, trusts
  - Pensions, stocks, retirement accounts

- Proceeds from other assets
- Exclusions:
  - Social Security retroactive payment(s)
  - Internal Revenue refund(s)
  - Stolen, embezzled, or otherwise made unavailable due to circumstance beyond the control of the service unit may be exempted
  - Documentation type(s) required:
    - ♦ Police report or legal documentation
    - ♦ Other agency report
    - ♦ Determination by CCSS designated staff
- If the lump sum was received more than thirty-six (36) months prior to the request for service, the lump sum will be considered depleted
- If the lump sum was received less than thirty six (36) months prior to the request for services, a spend down computation is done to determine if any of the lump sum is available by CCSS standards

Resources and assets have specific limits for MAS:

- Any and all assets belonging to single member households are assumed to be available for payment of burial/cremation
- Single surviving household members will be allowed \$2,000
- 2 or more surviving household members will be allowed \$3,000

**Allowable expenses** to spend down excess will only include:

- Child support payments if not deducted from wages
- Verified licensed child care or adult day care
- IRS payments if not deducted from wages
- Court order costs, fines, and attorney fees
- Payments for medical expenses:
  - Medical bills
  - Prescriptions
  - Medical insurance premiums and co-pays
  - Prescribed durable medical equipment and disposable medical supplies
- Burial or Cremation accounts or insurance
- Purchase or major repair of primary vehicle
- Vehicle insurance
- Vehicle Registration
- Purchase of primary residence
- Major repair of primary dwelling to maintain habitability
- Purchase or repair of major appliances in primary residence
  - Air conditioning/heating system
  - Refrigerator

- Stove
- Water heater
- Purchase or modifications made to primary residence to accommodate disabilities

### **Calculation:**

A spend down computation is completed to determine eligibility for CCSS programs. Using the following calculations:

1. Verify the amount of the lump sum, the date received and source.
2. Add all income from the date the lump sum was received, through the month of eligibility determination.
3. Count the number of months from the date the lump sum was received excluding the month eligibility is determined.
4. Determine the current standard of need for the household size.
5. Multiply steps #3 and #4.
6. Subtract the allowable debts from the result of Step #5.
7. Subtract the resource/ asset allowance for the household size from the result of Step #6. This will determine the remainder of the lump sum.

When more than one lump sum is received in a 36 month period prior to eligibility determination start calculations using the oldest lump sum. Add subsequent lump sums in other income to make calculations.

### **Outcome:**

- If the remainder is less than the current standard of need for the household size, the lump sum is considered depleted.
- If the remainder is more than the current standard of need for the household size, divide the remainder by the current standard of need for the household size to determine the period of ineligibility which begins with the month of eligibility determination.
- Ineligibility will not exceed 36 months total from the date the lump sum was received through the date of ineligibility. Subtract the number of months from the date the lump sum was received (#3 above) from 36 months. If this number is less than the number of months of ineligibility use the smaller of the two to determine the number of months of ineligibility.

## **FINANCIAL CRITERIA**

### **INCOME**

Individuals must report all income received or anticipated by any member of the household or USCIS Sponsors.

All income is considered for Burial and/or Cremation eligibility, and budgeted on a 30-day month basis.

Earned Income includes:

- Wages
- Training stipends
- Seasonal income may be averaged over twelve (12) months
- Self-employment income allowable expenses:
  - Rent for business location if outside of primary residence
  - Job related supplies, tools or materials used to complete a given job or trade
  - Employee wages as reported to IRS, not the applicants
  - License and certificate fees
  - Other

Unearned Income includes:

- Pensions
- Social Security
- Unemployment Insurance Benefits
- Veterans Administration Benefits
- Workers Compensation
- Federal/State Income Tax Refund(s)
- Trust Income
- Child Support
- Alimony
- Gambling winnings
- Foster Parent Income
- Educational Grants for living expenses
- Monetary gifts
- Loans
- Donations/Contributions
- Bills paid by others outside the household
- Utility allowance
- Other

Excluded Income:

- Educational grants for tuition and books
- Corporation for National and Community Service stipends
- Senior Companion
- Foster Grandparent Program (FGP)

- Retired Senior Volunteer Program (RSVP)
- Emergency Food and Shelter Program (EFSP)
- Emergency Shelter Grant (ESG)
- Energy Assistance Program (EAP)
- Welfare Set-Aside Program (WSAP)

Lost or Stolen Income of household members:

- Is included under Burial and/or Cremation (MAS) criteria
- Requires a Police report or
- Requires a report to the agency providing the income within twenty-four (24) hours

Suspended Income of household members may not affect MAS criteria.

Verification:

- Business license for self employed
- Tax Returns (Last three (3) years)
- Employees W-2 or 1099
- Bank statements (last three (3) with current balance)
- Business ledgers
- Wage stubs (gross amount prior to deductions)
- Statement from employer
- Social Security documents (gross amount prior to deductions)
- Police or agency report
- Other
- CCSS designated staff determination

**Calculating Gross Income Under Federal Poverty Guidelines**

- Average last 3 months wages
- Year to date gross income divided by the number of months/weeks employed or number of months/weeks since January of the current year, whichever is less
- Project income from anticipated hourly wage multiplied by number of hours worked per pay period multiplied by frequency of pay periods
- If this cannot be provided, assess current income/wages. If client has no income at the time of eligibility determination, assess verifiable anticipated income from secured employment or other resources
- Amount of contributions or bills paid by others in the individual's behalf averaged per month
- Add tips, if applicable by calculating 15% of income, when the actual amount is not available on income verification

## **PRIOR RESOURCE GUIDELINES AND REQUIREMENTS**

- Individuals receiving financial benefits from Federal, State, Public or Private programs and services may not qualify for Burial and/or Cremation
- Individuals who appear eligible for benefits or services from Federal, State, Public or Private programs, and services may not qualify for Burial and/or Cremation assistance
- Households members must apply for the appropriate prior resources if directed by CCSS designated staff
- Cooperation/participation with other programs is mandatory
- If the household does not apply for appropriate prior resources or is determined ineligible due to non-cooperation, the individual will be denied for CCSS programs
- Bankruptcy requires full eligibility determination

### **Victims of Violent Crime (VOVC)**

An individual who qualifies for Burial or Cremations services through the VOC may not qualify for Burial and/or Cremation assistance.

#### **Verification:**

- VOVV documentation
- CCSS designated staff determination

### **Veterans Administration (VA)**

An individual who qualifies for Burial or Cremations services through the VA may not qualify for Burial and/or Cremation assistance.

#### **Verification:**

- VA documentation
- CCSS designated staff determination

### **Private Burial or Cremation Plans**

Individual who have private plans may not qualify for CCSS assistance.

#### **Verification:**

- Insurance documentation
- CCSS designated staff determination

### **Third Party Liability, Litigation, and Reimbursement Agreements**

Burial and/or Cremation may not be approved if there is liability on the part of another person, business, or agency to cover burial and/or cremations. A reimbursement agreement is required. Failure of the third party to accept or acknowledge the receipt of the reimbursement \agreement will result in a denial of Burial and/or Cremation assistance.

#### Verification:

- Third party documentation
- Legal documentation
- CCSS designated staff determination



**SECTION 9****GRANT PROGRAMS – Federal, State and Other****Welfare Set-Aside Program (WSAP)**

A Low-Income Housing Trust Fund designated Welfare Set-Aside Program (WSAP) has been made available to Clark County Social Service (CCSS) through the State of Nevada, Department of Business & Industry, Housing Division, for distribution in accordance with guidelines established in the chapter. The intent of the WSAP is to provide emergency assistance to needy families with children and whose income is at or below the federally designed poverty level. WSAP funds will be used for housing-related items only, as defined by pre-established guidelines. Regulations governing the Welfare Set-Aside Program and distribution of funds are in compliance with instructions and criteria provided by the State of Nevada, Account for Low-Income Housing, (Low-Income Housing Trust Fund), Administrative Guidelines, dated July 1994, and supplemented by Clark County Code 2.48.030 which is in accordance with Nevada Revised Statutes (NRS) 428.010.

Both CCSS Financial Assistance Service (FAS) and WSAP criteria are used to establish household eligibility. The State of Nevada's WSAP criteria have precedence over CCSS's FAS criteria in determining WSAP eligibility.

The following will result in denial of assistance:

- Failure to permit reasonable investigation
- Failure to provide eligibility information

The misuse of funds will result in permanent denial of assistance.

The household will supply information regarding residence for three (3) years prior to application.

WSAP may not be used to replace FAS if the household qualifies for FAS.

WSAP, FAS, and Emergency Food and Shelter Program (EFSP) may be issued in the following ways:

- WSAP and FAS EFSP and FAS
- WSAP and EFSP cannot be issued at the same time or within twelve (12) months of each other.

Eligible households may be issued both WSAP and FAS funds based on household size, but cannot be issued WSAP and EFSP funds simultaneously, nor will they be issued WSAP and EFSP funds

If the household receipt of WSAP and/or FAS will not prevent the household from being evicted or prevent foreclosure, WSAP assistance cannot be issued at the eviction/foreclosure location.

## **NONFINANCIAL CRITERIA**

### **HOUSEHOLD COMPOSITION**

- Family with children under the age of eighteen (18) years
- Family with children under twenty-one (21) years who are full time students or disabled
- Children must be living with the household members

If an individual is not considered to be a member of the household, his income will not be considered in determining eligibility.

Persons not having attained an age of eighteen (18) years may not apply for benefits and must be included in the service unit of their parent, adult relative or guardian to receive program benefits.

Minors who have been emancipated by court process or married 16-18 year old persons are considered adults for CCSS eligibility.

### **Verification:**

- Birth certificate
- Marriage license
- Lease agreement
- Mortgage papers
- Divorce papers
- Proof of separate residence or legal separation
- Adoption papers
- Statement to CCSS or other agency/business/individual
- Other Documents deemed acceptable to CCSS designated staff

### **HOUSEHOLD IDENTIFICATION (ID)**

All household members must provide two (2) forms of ID. Adults must provide a photo ID.

### Verifications:

- Driver's License
- State ID
- Passport
- Employment ID
- Southern Nevada Adult Mental Health Services (SNAMHS) ID
- Social Security card
- Birth certificate
- Hospital birth record
- Immunization record from a doctor or clinic
- Baptismal record
- State of Nevada Division of Welfare and Supportive Services (NWSS) Food Stamp or Medicaid card
- School records/ID
- Certification of Naturalization
- Resident Alien card
- Other ID, as deemed acceptable by CCSS designated employee

Other supporting forms of ID may include:

- Marriage license
- Legal separation agreement
- Property settlement agreements
- Divorce decree
- Adoption or legal guardianship
- Lease/rental agreement or proof of mortgage
- Other legal documents as deemed acceptable by designated CCSS employee.

### **U.S. Citizenship and Aliens with U.S. Residence Requirements**

Citizenship or legal status is not a requirement for WSAP.

### **Residency**

A household member must:

- Be domiciled in Clark County, Nevada
- Intend to reside permanently in Clark County.

In Nevada, residence is synonymous with domicile and the Nevada Supreme Court has frequently defined it to mean the fact of presence, together with the intention of permanently residing in a given place.

### Verifications:

- Voter registration
- DMV records
- County Assessor records
- Landlord statement
- Mortgage payment book
- CCSS designated staff determination

### **Housing and Utilities**

A case plan must be established which documents the household's ability to maintain the rent, mortgage, utilities, etc., in subsequent months after WSAP is awarded.

Documentation should include income sources such as:

- Salary/wages
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Veterans Administration (VA)
- Financial Assistance Service (FAS)
- Other financial sources

### **Rent or Mortgage Payment**

- Rent or mortgage must be less than or equal to the total currently available household funds including any FAS and calculated WSAP benefit in order to issue WSAP.
- The manner in which the household will continue to maintain housing and utilities in subsequent months must be documented.
- If a household receives WSAP funds and FAS and the combined WSAP/FAS payment for rent or mortgage and the assistance will not prevent the household from being evicted, then the household cannot be issued WSAP assistance to be used at the eviction location.

Rent/mortgage assistance is limited to emergency rent or mortgage assistance for a household with children in accordance with the following:

- Payment is in arrears, and;
- All other resources have been exhausted, and;
- The household must be the primary resident in the house/condominium/etc. in which the mortgage is being paid with WSAP funds.

- The household does not have to be the primary resident in the apartment/house/etc. in which the rent is being paid with WSAP funds.
- Payment assistance is limited to one month's cost for each household as based on the number in the household.
- Rent or mortgage late fee(s) may be paid in addition to one month's rent/mortgage. The total rent/mortgage plus late fees may not exceed the WSAP allowance for household size
- If the household will be staying with another renter, the household will be required to bring in the renter's rent receipt and/or utility bill.
- Questionable rent receipts or landlord statements may necessitate additional verifications before WSAP is issued.

Verification:

- Last rent receipt
- Mortgage payment
- Property ownership
- Property manager
- Lease agreement/contract

**Rental and Security Deposits**

Payment for rental security and/or deposits:

- May not exceed the equivalent of two month's rent for the rental unit
- May not exceed amount stated in the WSAP Payment Allowance Table
- OR whichever is less
- The security deposit may be provided whether or not any rental assistance is provided
- The combination of rental assistance and security deposit may not exceed the amount stated in the WSAP Payment Allowance Table
- WSAP funds must be paid directly to the landlord.
- The lease between a tenant and an owner of rental housing for which security/rental deposit assistance is provided must not be for less than one (1) month.

Verification:

- Documentation of security deposit
- Statement from landlord
- Other sources as determined by CCSS designated staff

## **Emergency Lodging in a Hotel or Motel**

WSAP assistance can be used for emergency lodging in a hotel or motel in the following circumstances:

- No other appropriate shelter is available
- WSAP must cover a thirty (30) day period
- The household with children is moving from a temporary shelter to a more permanent living arrangement;
- All other resources have been exhausted

### Verification:

- Statement from household
- Other sources determined by CCSS designated staff

## **Utility Assistance**

Utility assistance covers:

- Gas
- Electricity
- Water
- Reconnect fees
- Deposits for household

The following conditions must exist:

- Payments are past due
- All other resources and/or assistance sources have been exhausted
  - Energy Assistance Program (EAP)
  - Approved repayment plan(s) from utility companies

### **Payments:**

- Only the past due portion of a utility bill may be paid using WSAP funds.
- May be provided for an accumulated utility bill if payment does not exceed the amount stated in the WSAP Payment Allowance table.
- Will result in the household's utilities continuing or being turned on.
- Utility assistance can be paid only once in each award phase or annually, whichever is less, to any household
- Reconnect fees and deposits for utilities may be provided in addition to utility bills, if the combined payment does not exceed the amount stated in the WSAP Payment Allowance table

- Payment for reconnect fees and/or deposits will result in the family's utilities continuing or being turned on
- Payment can be made in addition to rent/mortgage payments and security deposit, but the combination of assistance provided cannot exceed the amount stated in the WSAP Payment Allowance table.
- The utilities must be in the name of a household member

Verification:

- Statement from household
- Other sources determined by CCSS designated staff

**WSAP PRIOR RESOURCE GUIDELINES AND REQUIREMENTS**

Individuals appearing eligible for Federal, State, Public or Private service(s) may not qualify for WSAP assistance.

- Individuals must apply for the appropriate prior resource.
- Cooperation with other programs is mandatory.
- If the individual does not apply for appropriate prior resources or is determined ineligible due to non-cooperation., the individual will be denied for CCSS programs.

**Social Security Administration**

If an individual is disabled and unable to find employment, he/she must apply for Social Security Administration (SSA) benefits

Verification:

- Documentation of disability from a licensed physician
- Social Security documentation

**Veterans Administration (VA)**

Household members who qualify for VA benefits must apply at the VA.

Verification:

- VA documentation
- CCSS designated staff determination

**Employment Security Unemployment Insurance Benefits (ES UIB)**

An individual who appears eligible for UIB must apply for the assistance service.

Verification:

- ES UIB documentation
- CCSS designated staff determination with Social Work intervention

**Workers Compensation (WC)**

Any individual sustaining a work related injury must file a WC claim.

Verification:

- WC documentation
- CCSS designated staff determination

**Victims of Violent Crime (VOVC)**

Individuals eligible for VOVC coverage must apply to VOVC.

Verification:

- VOVC documentation
- CCSS designated staff determination

**RESOURCE CRITERIA**

Asset reserves are not allowed for WSAP. Assets are considered available as the 30 day prior income (monthly income). In cases of lump sums received, an asset allowance for aged or disabled clients can be used to deplete the amount of the lump sums received in considering eligibility for WSAP.

**Resources/Assets include:**

- Market value of real estate or trust deeds less encumbrances
  - Excludes primary residence up to one (1) acre.
  - Excludes primary residence up to five (5) acres, if residing in a Clark County zoning district requiring ownership of more than one (1) acre.  
Note: Residential property is a house, mobile home or motor home occupied by the individual as a primary dwelling and owned by at least one member of the household.
- Cash
- stocks
- bonds
- trust funds
- individual retirement accounts (IRA)



- 401-Keogh
- tax deferred annuities
- bank accounts
- royalties
- Livestock
- Motor vehicles trailers, boats, etc.
  - Excludes the primary motor vehicle
  - A second vehicle will be allowed if necessary for medical care or employment for a second adult in the household.
  - For other vehicles, the individual may be issued assistance one time and allowed one month to take corrective action regarding excessive vehicle(s).
- Market value, less encumbrances, may not exceed the resource limit for the household size.
- Cash value of life insurance policies (less burial policies from mortuary).
- Any resources considered assets under definition of U.S. Bankruptcy Court provisions. Bankruptcy requires full eligibility determination.
- Other items that can be converted into cash (less mandatory fees to convert)

Verification:

- Documentation from source of asset
- Registration of vehicle
- Department of Motor Vehicles documentation
- Kelley Blue Books
- Appraisal from a licensed auto dealer
- CCSS designated staff determination

**Resources/Assets Not Immediately Available:**

WSAP may be issued when the individual's assets are not immediately available.

Verification:

- Documentation from source of asset
- CCSS designated staff determination

**LIQUIDATED ASSETS**

**Sale, Spend Down or Transfer of Personal Assets**

Individual(s) must report the sale, spend down or transfer in any manner of the personal assets of anyone in the household that occurs within thirty-six (36) months prior to or anytime after application for CCSS services

Liquidated assets may be considered as lump sums.

Transfer or divestiture of a resource for less than fair market value is presumed to have been made for the purpose of establishing CCSS eligibility.

This assumption will prevail unless clear and convincing evidence is provided by the individual that:

- The resource was transferred for some other reason, or
- At the time of a transfer, the individual could not have anticipated becoming eligible due to circumstances which would have precluded eligibility

Resources not available to a service unit due to criminal act may be disregarded with verification.

Verification:

- Bill of Sale
- Transfer Statement
- Receipts for payments/purchases
- Police report
- CCSS determination

**LUMP SUM PAYMENTS**

Lump Sums are:

- Assets received within thirty-six (36) months prior to the application or at any time following the application.
- Non-recurring income or asset(s) in the amount of \$5001 or greater
- Assumed to be available for living expenses and/or medical expenses.  
Examples include:
  - Workers Compensation settlements
  - Proceeds from sale of real estate
  - Insurance settlements
  - Proceeds from litigation, inheritances, trusts
  - Pensions, stocks, retirement accounts
  - Proceeds from other assets
  - Exclusions:
    - Social Security retroactive payment(s)
    - Internal Revenue refund(s)
    - Stolen, embezzled, or otherwise made unavailable due to circumstance beyond the control of the service unit may be exempted with the following documents:

- ♦ Police report or legal documentation
- ♦ Other agency report
- ♦ Determination by CCSS designated staff.
- If the lump sum was received more than thirty-six (36) months prior to the request for service, the lump sum will be considered depleted.
- If the lump sum was received less than thirty six (36) months prior to the request for services, a spend down computation is done to determine if any of the lump sum is available by CCSS standards.

**Resource allowances** will be \$2,000 for household of one (1) and \$3,000 for household of two (2) or more.

**Allowable expenses** to spend down excess will only include:

- Child support payments if not deducted from wages
- Verified licensed child care or adult day care
- IRS payments if not deducted from wages
- Court order costs, fines, and attorney fees
- Payments for medical expenses:
  - Medical bills
  - Prescriptions
  - Medical insurance premiums and co-pays
  - Prescribed durable medical equipment and disposable medical supplies
- Burial or Cremation accounts or insurance
- Purchase or major repair of primary vehicle
- Vehicle insurance
- Vehicle Registration
- Purchase of primary residence
- Major repair of primary dwelling to maintain habitability
- Purchase or repair of major appliances in primary residence
  - Air conditioning/heating system
  - Refrigerator
  - Stove
  - Water heater
  - Purchase or modifications made to primary residence to accommodate disabilities

## Calculation

A spend down computation is completed to determine eligibility for CCSS programs. Using the following calculations:

1. Verify the amount of the lump sum, the date received and source.

2. Add all income from the date the lump sum was received, through the month of eligibility determination.
3. Count the number of months from the date the lump sum was received excluding the month eligibility is determined.
4. Determine the current standard of need for the household size.
5. Multiply steps #3 and #4.
6. Subtract the allowable debts from the result of Step #5.
7. Subtract the resource/ asset allowance for the household size from the result of Step #6. This will determine the remainder of the lump sum.
8. When more than one lump sum is received in a 36 month period prior to eligibility determination start calculations using the oldest lump sum. Add subsequent lump sums in other income to make calculations.

### **Outcome**

- If the remainder is less than the current standard of need for the household size, the lump sum is considered depleted.
- If the remainder is more than the current standard of need for the household size, divide the remainder by the current standard of need for the household size to determine the period of ineligibility which begins with the month of eligibility determination.
- Ineligibility will not exceed 36 months total from the date the lump sum was received through the date of ineligibility.
- Subtract the number of months from the date the lump sum was received (#3 above) from 36 months. If this number is less than the number of months of ineligibility use the smaller of the two to determine the number of month's ineligibility.

Households with pending "lump sum benefits" will be required to provide verifications appropriate to this resource. The CCSS designated staff is to obtain the name of the service unit's attorney, if applicable. A reimbursement agreement is to be completed and forwarded to the service unit's attorney, if applicable.

## **FINANCIAL CRITERIA**

### **INCOME**

Individuals must report all income received or anticipated by any member of the household or U.S. Citizenship and Immigration Service (USCIS) Sponsors. All income is included for WSAP eligibility, and budgeted on a 30-day month basis.

**Earned Income:**

- Wages
- Training stipends
- Seasonal income may be averaged over twelve (12) months
- Self-employment income minus allowable expenses:
  - Rent for business location if outside of primary residence.
  - Job related supplies, tools or materials used to complete a given job or trade
  - Employee wages as reported to IRS, not the applicants
  - License and certificate fees
- Other earned income

**Unearned Income:**

- Pensions
- Social Security
- Unemployment Insurance Benefits
- Veterans Administration Benefits
- Workers Compensation
- Federal/State Income Tax Refund(s)
- Trust Income
- Child Support
- Alimony
- Gambling winnings
- Foster Parent Income
- Educational Grants for living expenses
- Monetary gifts
- Loans
- Donations/Contributions
- bills paid by others outside the household
- Utility allowance
- Other unearned income

**Excluded Income:**

- Educational grants for tuition and books
- Corporation for National and Community Service stipends
- Senior Companion
- Foster Grandparent Program (FGP)
- Retired Senior Volunteer Program (RSVP)
- Emergency Food and Shelter Program (EFSP)
- Emergency Shelter Grant (ESG)
- Energy Assistance Program (EAP)
- Welfare Set-Aside Program (WSAP)

## **Lost or Stolen Income**

Lost or stolen income is included under WSAP criteria.

Stolen income requires a Police report and/or a report to the agency providing the income within twenty-four (24) hours

## **Suspended Income**

Household members will be referred to apply for reinstatement of benefits.

### Verification:

- Business license for self employed
- Tax Returns (Last three (3) years)
- Employees W-2 or 1099
- Bank statements (last three (3) with current balance)
- Business ledgers
- Wage stubs (gross amount prior to deductions)
- Statement from employer
- Social Security documents (gross amount prior to deductions)
- Police or agency report
- Other
- CCSS designated staff determination

## **Calculating Gross Income Under Federal Poverty Guidelines:**

- Average last 3 months wages.
- Year to date gross income divided by the number of months/weeks employed or number of months/weeks since January of the current year, whichever is less.
- Project income from anticipated hourly wage multiplied by number of hours worked per pay period multiplied by frequency of pay periods.
- If this cannot be provided, assess current income/wages. If client has no income at the time of eligibility determination, assess verifiable anticipated income from secured employment or other resources.
- Amount of contributions or bills paid by others in the individual's behalf averaged per month.
- Add Tips, if applicable by calculating 15% of income, when the actual amount is not available on income verification.

## **SECTION 10**

## **HOMEMAKER HOME HEALTH SERVICES (HHHA)**

Clark County Code 2.48.065 requires CCSS to provide homemaking and personal care services to eligible Clark County residents.

The HHA Program provides general homemaker assistance to individuals so individuals can remain in their own homes rather than being placed in institutions. Services provided may include

- Grocery shopping
- Light housekeeping, such as
  - Vacuuming
  - Dusting
  - Mopping floors
  - Laundry
  - Changing bed linens
  - Meal preparation
- General personal hygiene such as
  - Baths
  - Shampoos
  - Grooming
- Transportation arrangements for special needs
- Limited Respite care
- Social Work intervention

No nursing services are performed.

### **Title III Funding**

Eligibility for Title III funding is established by the following.

- Individual must be sixty (60) years of age or older
- Must be a medical need
- Determination is made on income or assets on a case-by-case basis targeting the most needy and frail
- Households may donate toward service costs
- Households are limited to applicant, applicant's spouse and any minor children in their care

## **NONFINANCIAL CRITERIA**

### **HOUSEHOLD COMPOSITION**

A household includes:

- Individual(s) who are eighteen (18) years of age or older
- Individual's spouse
  - Individual's minor children

Individuals who are considered minors:

- Are under the age of eighteen (18) years
- May not apply for benefits
- Must be included in the household of their parents, guardian, or an adult relative.

Minors who are considered adults are:

- Emancipated by court process
- Legally married and sixteen (16) to eighteen (18) years of age

NOTE: NRS 129.130 #6 "Decree of Emancipation: A petition may be filed by any person or by any public agency to void a decree of emancipation on the following grounds: "Minor has become indigent and has insufficient means of support."

### **HOUSEHOLD IDENTIFICATION (ID)**

All household members must provide two (2) forms of ID. Adults must provide a photo ID.

Individuals with no ID may be issued Medical Assistance Service (MAS) one (1) time, subsequent services will require an ID or Social Work intervention.

#### **Verifications:**

- Driver's License
- State ID
- Passport
- Employment ID
- SNAMHS
- Social Security card
- Birth certificate
- Hospital birth record
- Immunization record from a doctor or clinic



- Baptismal record
- Nevada State Welfare Food Stamp or Medicaid card
- School records/ID
- U.S. Citizenship and Immigration Service (USCIS) ID
  - Certification of Naturalization
  - Resident Alien card
  - Affidavit of Sponsorship
- Other ID, as deemed acceptable by CCSS designated employee

**Other supporting forms of ID may include:**

- Marriage license
- Legal separation agreement
- Property settlement agreements
- Divorce decree
- Adoption or legal guardianship
- Lease/rental agreement or proof of mortgage
- Other legal documents as deemed acceptable by designated CCSS employee.

**U.S. CITIZENSHIP AND ALIENS WITH LAWFUL U.S. RESIDENCE REQUIREMENTS**

An Individual(s) may be eligible for HHHA if they meet all HHHA criteria and are a U.S. Citizen or have lawful resident status in the U.S.

**Verifications:**

- Birth certificate
- U.S. Passport
- Naturalization Papers
- State Department/Embassy/Military Issued Birth Record
- CCSS designated staff determination

The following categories may be eligible for HHHA if they meet all other MAS criteria:

**Sponsored Aliens With Lawful U.S. Residence:**

- Aliens who have lawful permanent residence status
- Aliens who have lawful permanent residence status
- Aliens who are beyond the sponsorship period
- Aliens who remain under lifetime sponsorship.
- Lifetime sponsorship began on December 19, 1997 and the obligation continues until the sponsored alien meets one of the following criteria:

- Is Naturalized
- Has worked 40 quarters
- Can be credited with 40 quarters of work
- Leaves the United States permanently
- Alien dies
- Sponsor(s) is/are deemed indigent by CCSS standards
- Sponsor(s) leave(s) the United States permanently

**Verifications:**

- Naturalization Papers
- Affidavit of Support
- Social Security documentation
- US Citizenship and Immigration Services (USCIS) Permanent Resident Card
- CCSS designated staff determination

**Unponsored Aliens with lawful permanent residence include:**

- Alien battered spouse and child
- Alien who entered by lottery
- Refugees
- Aliens granted asylum
- Parolees
- Cuban/Haitian entrants

**Verifications:**

- USCIS documentation
- CCSS designated staff determination

Unponsored Aliens who have exhausted their seven (7) year limit of SSI benefits and have not established U.S. citizenship may request payment of USCIS citizenship application fees from CCSS.

- Requires written case plan with supervisory approval.
- Case plan should move alien towards obtaining citizenship and self-sufficiency.
- Failure of an alien to participate fully in the case plan will result in denial of services.

**Verifications:**

- USCIS documents with appropriate code:
- I-94

- I-151
- I-551
- I-680
- I-688A &B
- I-766
- PRUCOL Social Security Numbers
- CCSS designated staff determination

Lawful Aliens with expired documents may be denied services unless they make every effort to renew their documents. MAS may be issued once. Subsequent issuance(s) of MAS require CCSS supervisory approval.

Lawful aliens without documentation may qualify for HHHA under limited circumstances with CCSS supervisory approval.

Aliens without legal US residency may be considered for payment of emergency medical, but are not eligible for HHHA. Aliens in this category include:

- Foreign students
- Foreign visitors
- Aliens admitted under work visas and their families
- Undocumented aliens

Aliens receiving benefits from the Refugee Resettlement Program may be eligible for HHHA.

Aliens without legal US residency are not eligible for HHHA.

Alien applicants may be told that receiving CCSS assistance may be reported to the USCIS.

### **RESPONSIBLE RELATIVES**

In cases in which the responsible relative appears to have the ability to assist and refuses to do so, the matter may be referred to the District Attorney's Office.

#### **Spouse**

- Responsibility for spouse is required before Clark County assistance may be considered.
- In cases of separation of a spouse from the applying individual the separated spouse's ability to assist, by CCSS standards, will be assessed.

#### **Verifications:**

- Marriage license

- Legal documents of separation
- Divorce decree
- Lease/rental agreement or proof of mortgage
- CCSS designated staff determination.

### **Parents of minor children**

- Parental responsibility for minor children is required before Clark County assistance may be considered.
- The absent parent(s) ability to assist will be assessed; referrals to the District Attorney's (DA) Family Support Division office to pursue child support will be required.

An individual may be eligible for HHA for the month of application, but must produce verification of status for subsequent services. (NRS 125B.020)

#### **Verifications:**

- Statements of responsible relatives
- Guardianship documentation
- Adoption documentation
- Service unit member' declaration
- Divorce decrees
- Legal separation agreements
- CCSS designated staff determination.

### **CLARK COUNTY RESIDENCY**

The service unit must be domiciled in Clark County Nevada and intend to reside here indefinitely. Individuals who knowingly relocate to the County for the purpose of acquiring public assistance may be denied services.

#### **Verifications:**

- Rent receipt of the service unit or landlord
- landlord statement
- mortgage payment book
- proof of property ownership
- CCSS designated staff determination

### **HHA PRIOR RESOURCE GUIDELINES AND REQUIREMENTS**

- Individuals must apply for the appropriate prior resource.
- Cooperation with other medical assistance programs is mandatory.

- If the individual does not apply for appropriate prior resources or is determined ineligible due to non-cooperation, the individual will be denied for CCSS programs.

### **Social Security Administration**

Supplemental Security Income (SSI) and Nevada State Welfare Medical Assistance for Aged Blind and Disabled (MAABD)

- Individuals receiving SSI benefits are eligible for MAABD and not eligible for MAS.
- Applying for SSI disability does not mean that the individual is disabled and unable to look for work.
- Disabled individuals pending SSI must apply for MAABD and provide necessary verifications.

#### Verifications:

- Documentation of disability from a licensed physician or be involved in social work intervention.
- Social Security documentation
- NWSS documentation
- CCSS designated staff determination

### **Veterans Administration (VA)**

An individual who qualifies for Homemaker Services through the VA will not be eligible for HHHA.

#### Verification:

- VA documentation
- CCSS designated staff determination

### **Nevada Medicaid**

Medicaid recipients are not eligible for HHHA. Income and resources of Medicaid recipients will be included when computing HHHA eligibility for other applicants in the household.

NWSS Medical Assistance for Aged Blind and Disabled (MAABD) applicants, who meet all other CCSS requirements, may be eligible for limited medical coverage:

The limited MAS card guarantees payment for individuals pending SSI and State of Nevada Division of Welfare and Supportive Services (NWSS) MAABD. CCSS may pay for incurred services if the individual has been:

- Compliant with SSI and NWSS process
- Denied SSI and NWSS MAABD
- Compliant with a CCSS Social Work Intervention case plan

**Verification:**

- NWSS Documentation
- CCSS designated staff determination

**Employment Security Unemployment Insurance Benefits (ES UIB)**

- An individual who is receiving financial services through UIB may be eligible for HHA.
- An individual who appears to qualify, but has not applied, must:
  - Apply prior to HHA assistance
  - Provide verification of legitimate delay by UIB.
- Disabled individuals are exempt with verified disability.

**Verifications:**

- ES UIB documentation
- Physician statement of disability
- CCSS designated staff determination with Social Work intervention

**Workers Compensation (WC)**

Any individual sustaining a work related injury must file a WC claim.

An individual who requires medical treatment for a work related injury and has an active approved claim will not be eligible for HHA.

HHA may be issued with a reimbursement agreement in the following situations:

- While pending approval of WC services
- During WC appeal process
- For WC claims pending re-opening

**Verifications:**

- WC documentation
- CCSS designated staff determination with Social Work intervention

## **Southern Nevada Adult Mental Health Services (SNAMHS)**

An individual who has a psychiatric diagnosis will be referred to the SNAMHS and will not be eligible for HHHA.

Individuals with prescriptions or a medical condition unrelated to the psychiatric diagnosis may be eligible for HHHA, if the individual meets MAS criteria.

### Verifications:

- Medical documentation
- SNAMHS documentation
- CCSS designated staff determination

## **Medical Insurance**

Medical insurance is a prior resource to HHHA.

A household member who is covered by medical insurance that provides homemaker services must exhaust those benefits prior to receiving HHHA.

### Verifications:

- Insurance documentation
- Medical documentation
- CCSS designated staff determination

## **Residential Treatment/Training Programs**

Individuals enrolled in residential treatment or training programs supported by state or federal funds, that provide medical coverage do not qualify for HHHA.

### Verification:

- Residential treatment or training program funding documentation
- CCSS designated staff determination

## **Third Party Liability, Litigation, and Reimbursement Agreements**

HHHA may not be approved if there may be liability on the part of another person, business, or agency to cover homemaker services, unless a reimbursement agreement is executed.

Failure of the third party to accept or acknowledge the receipt of the reimbursement agreement will result in a denial of HHHA.

Verification:

- Third party documentation
- Legal documentation
- CCSS designated staff determination

## **RESOURCES CRITERIA**

Resources and assets have specific limits for HHHA.

- \$2,000 for an individual
- \$3,000 for a household of 2 or more individuals

Individual(s) with excess resources/assets will not be eligible for HHHA.

Individual(s) meeting resource limits must also meet other MAS criteria.

**Resources/Assets include:**

- Market value of real estate or trust deeds less encumbrances
  - Excludes primary residence up to one (1) acre.
  - Excludes primary residence up to five (5) acres, if residing in a Clark County zoning district requiring ownership of more than one (1) acre.  
NOTE: Residential property is a house, mobile home or motor home occupied by the individual as a primary dwelling and owned by at least one member of the household.
- Cash
- Stocks
- Bonds
- Trust funds
- Individual retirement accounts (IRA)
- 401-Keogh
- Tax deferred annuities
- Bank accounts
- Royalties
- Livestock
- Motor vehicles trailers, boats, etc.
  - Excludes the primary motor vehicle
  - Second vehicle will be allowed if necessary for medical care or employment for a second adult in the household.
  - Other vehicles:
    - Individual may be issued HHHA one time and allowed one month to take corrective action regarding excessive vehicle(s).



- Market value, less encumbrances, may not exceed the resource limit for the household size.
- Cash value of life insurance policies (less burial policies from mortuary).
- Any resources considered assets under definition of U.S. Bankruptcy Court provisions. Bankruptcy requires full eligibility determination.
- Other items that can be converted into cash (less mandatory fees to convert).
- Up to \$20,000 may be allowed in situations where there is jeopardy of a individual having to be placed in Long Term Care (LTC) if HHA is not provided

Verifications:

- Documentation from source of asset:
  - Registration of vehicle
  - Department of Motor Vehicles documentation
  - Kelley Blue Books
  - Appraisal from a licensed auto dealer
- CCSS designated staff determination

**Resources/Assets Not Immediately Available:**

HHA may be issued under all the following circumstances when the individual's assets exceed the program guidelines and meets all other MAS criteria:

- Assets are not immediately available
- The individual's medical needs are emergent
- The individual or legal guardian must sign a reimbursement agreement.
- Attempt to deplete the asset within CCSS criteria.

Verification:

- Documentation from source of asset
- CCSS designated staff determination

**LIQUIDATED ASSETS**

**Sale, Spend Down or Transfer of Personal Assets**

Individual(s) must report the sale, spend down or transfer in any manner of the personal assets of anyone in the household that occurs within thirty-six (36) months prior to or anytime after application for CCSS services

Liquidated assets may be considered as lump sums.

Transfer or divestiture of a resource for less than fair market value is presumed to have been made for the purpose of establishing CCSS eligibility.

This assumption will prevail unless clear and convincing evidence is provided by the individual that:

- The resource was transferred for some other reason, or
- At the time of a transfer, the individual could not have anticipated becoming eligible due to circumstances which would have precluded eligibility

Resources not available to a service unit due to criminal act may be disregarded with verification.

Verifications:

- Bill of Sale
- Transfer Statement
- Receipts for payments/purchases
- Police report
- CCSS determination

**LUMP SUM PAYMENTS**

Lump Sums are:

- Assets received within thirty-six (36) months prior to the application or at any time following the application.
- Non-recurring income or asset(s) in the amount of \$5001 or greater
- Assumed to be available for living expenses and/or medical expenses. Examples include:
  - Workers Compensation settlements
  - Proceeds from sale of real estate
  - Insurance settlements
  - Proceeds from litigation, inheritances, trusts
  - Pensions, stocks, retirement accounts
  - Proceeds from other assets
  - Exclusions:
    - Social Security retroactive payment(s)
    - Internal Revenue refund(s)
    - Stolen, embezzled, or otherwise made unavailable due to circumstance beyond the control of the service unit may be exempted with the following documents:
      - ♦ Police report or legal documentation
      - ♦ Other agency report
      - ♦ Determination by CCSS designated staff.

- If the lump sum was received more than thirty-six (36) months prior to the request for service, the lump sum will be considered depleted.
- If the lump sum was received less than thirty six (36) months prior to the request for services, a spend down computation is done to determine if any of the lump sum is available by CCSS standards.

**Resource allowances** will be \$2,000 for household of one (1) and \$3,000 for household of two (2) or more.

**Allowable expenses** to spend down excess will only include:

- Child support payments if not deducted from wages
- Verified licensed child care or adult day care
- IRS payments if not deducted from wages
- Court order costs, fines, and attorney fees
- Payments for medical expenses:
  - Medical bills
  - Prescriptions
  - Medical insurance premiums and co-pays
  - Prescribed durable medical equipment and disposable medical supplies
- Burial or Cremation accounts or insurance
- Purchase or major repair of primary vehicle
- Vehicle insurance
- Vehicle Registration
- Purchase of primary residence
- Major repair of primary dwelling to maintain habitability
- Purchase or repair of major appliances in primary residence
  - Air conditioning/heating system
  - Refrigerator
  - Stove
  - Water heater
  - Purchase or modifications made to primary residence to accommodate disabilities

### **Calculation**

A spend down computation is completed to determine eligibility for CCSS programs. Using the following calculations:

1. Verify the amount of the lump sum, the date received and source.
2. Add all income from the date the lump sum was received, through the month of eligibility determination.
3. Count the number of months from the date the lump sum was received excluding the month eligibility is determined.
4. Determine the current standard of need for the household size.

5. Multiply steps #3 and #4.
6. Subtract the allowable debts from the result of Step #5.
7. Subtract the resource/ asset allowance for the household size from the result of Step #6. This will determine the remainder of the lump sum.
8. When more than one lump sum is received in a 36 month period prior to eligibility determination start calculations using the oldest lump sum. Add subsequent lump sums in other income to make calculations.

## **Outcome**

- If the remainder is less than the current standard of need for the household size, the lump sum is considered depleted.
- If the remainder is more than the current standard of need for the household size, divide the remainder by the current standard of need for the household size to determine the period of ineligibility which begins with the month of eligibility determination.
- Ineligibility will not exceed 36 months total from the date the lump sum was received through the date of ineligibility.
- Subtract the number of months from the date the lump sum was received (#3 above) from 36 months. If this number is less than the number of months of ineligibility use the smaller of the two to determine the number of months of ineligibility.

Service units with pending "lump sum benefits" will be required to provide verifications appropriate to this resource. The CCSS designated staff is to obtain the name of the service unit's attorney, if applicable. A reimbursement agreement is to be completed and forwarded to the service unit's attorney, if applicable.

If anyone in the service unit qualifies for Supplemental Security Income (SSI) and/or Medicaid, but has been disqualified for divestment of an asset, they will not qualify for HHHA for a maximum of thirty-six (36) months from the date of divestiture.

## **FINANCIAL CRITERIA**

### **INCOME**

Individuals must report all income received or anticipated by any member of the household or USCIS Sponsors.

All income is included for HHHA eligibility

#### **Earned Income:**

- Wages
- Training stipends

- Seasonal income may be averaged over twelve (12) months
- Self-employment income minus allowable expenses:
  - Rent for business location if outside of primary residence.
  - Job related supplies, tools or materials used to complete a given job or trade
  - Employee wages as reported to IRS, not the applicants
  - License and certificate fees
  - Other earned income

#### **Unearned Income:**

- Pensions
- Social Security
- Unemployment Insurance Benefits
- Veterans Administration Benefits
- Workers Compensation
- Federal/State Income Tax Refund(s)
- Trust Income
- Child Support
- Alimony
- Gambling winnings
- Foster Parent Income
- Educational Grants for living expenses
- Monetary gifts
- Loans
- Donations/Contributions
- Bills paid by others outside the household
- Utility allowance
- Other unearned income

#### **Excluded Income:**

- Educational grants for tuition and books
- Corporation for National and Community Service stipends
- Senior Companion
- Foster Grandparent Program (FGP)
- Retired Senior Volunteer Program (RSVP)
- Emergency Food and Shelter Program (EFSP)
- Emergency Shelter Grant (ESG)
- Energy Assistance Program (EAP)
- Welfare Set-Aside Program (WSAP)

#### **Lost or Stolen Income**

Lost or stolen income is included under HHA criteria.

Stolen income requires a Police report and/or a report to the agency providing the income within twenty-four (24) hours

**Suspended Income:**

HHHA may be issued with Social Work Intervention to assist in reinstatement of benefits.

Verification:

- Business license for self employed
- Tax Returns (Last three (3) years)
- Employees W-2 or 1099
- Bank statements (last three (3) with current balance)
- Business ledgers
- Wage stubs (gross amount prior to deductions)
- Statement from employer
- Social Security documents (gross amount prior to deductions)
- Police or agency report
- Other
- CCSS designated staff determination

**Calculating Gross Income Under Federal Poverty Guidelines**

- Average last 3 months wages.
- Year to date gross income divided by the number of months/weeks employed or number of months/weeks since January of the current year, whichever is less.
- Project income from anticipated hourly wage multiplied by number of hours worked per pay period multiplied by frequency of pay periods.
- If this cannot be provided, assess current income/wages. If client has no income at the time of eligibility determination, assess verifiable anticipated income from secured employment or other resources.
- Amount of contributions or bills paid by others in the individual's behalf averaged per month.
- Add Tips, if applicable by calculating 15% of income, when the actual amount is not available on income verification.

**HHHA ELIGIBILITY DETERMINATION**

**Refer to Addendum for HHHA/MAS income guidelines used under Federal Poverty Guidelines.**

## Special Medical Needs

Prescribed special medical needs:

- Require medical justification by treating physician
- Will be provided through CCSS approved provider(s) and include:
  - Durable Medical Equipment (DME):
    - Wheelchairs
    - Walkers
    - Canes
    - Prosthetic devices
    - Braces
    - Oxygen supplies (liquid oxygen not covered)
    - Other
  - Durable Medical Supplies (DMS):
    - Syringes
    - Blood test strip
    - Dressings
    - Ostomy supplies
    - Catheter equipment
    - Other
  - V/TPN (Home Infusion Therapy)
  - Home infusion therapy nursing services
  - Physical, speech, or occupational therapy
  - Radiation treatment
  - Laboratory or x-ray procedures.
  - Mammograms
  - Magnetic Resonance Imaging (MRI)
  - PET scans

Individuals requiring durable medical equipment and disposable medical supplies must be MAS eligible and:

- Written prescription from a licensed physician which states all the following:
- Diagnosis
- Duration of need
- Number of items or refills

Designated CCSS medical staff will:

- Complete and maintain records of requests for special needs and costs.
- Obtain CCSS manager's signature for items costing \$1,000 or more.
- Determine if CCSS will guarantee payment in the event Nevada Medicaid is denied.

- Maintains letters of agreement with CCSS approved vendors providing special medical needs.
- Non-prescribed special medical needs

Ambulance or Medi-Van Service may be provided to individuals requiring special transportation under the following circumstances:

- Individual has a valid MAS card covering transportation service date.
- Must be an emergency resulting in full or partial CCSS payment of the inpatient account.
- Approved Long Term Cases.
- CCSS designated staff determination

**The following are reasons for denial:**

- Service(s) are not/no longer available in the geographic area in which the individual(s) lives.
- Services have been withdrawn/discontinued per the request of the individual(s).
- Individual(s) income or resources exceed the maximum allowed.
- Individual(s) failed to provide the requested information by the specified date.
- CCSS has lost contact with the individual(s) t.
- Service is not available for individuals under age sixty (60).
- Services cannot be provided to the individual(s) because the allotted funds are exhausted.
- Due to CCSS priorities, services cannot be given at this time.
- Individual(s) need for services is not/no longer justified. (Used if the service goal is achieved and there is no further need for the services, or if it is apparent the available services will not improve the existing problems identified in the assessment.)
- Individual(s) has not cooperated in following their responsibilities in the service contract signed.
- Individual(s) actions or situation may endanger CCSS staff beyond what can be permitted by a conscientious employer (e.g., firearms or other weapons present, infectious disease processes beyond the scope of staff training, etc.)
- Failure to pursue prior resource.
- Service is denied or terminated under provisions as stated in other portions of this manual



## SECTION 11

## LONG TERM CARE PLACEMENT SERVICE (LTC) )

**Long term care encompasses nursing homes, adult group care, and adult day care settings.** Arrangements for Long term care are provided by CCSS for persons who for medical reasons are unable to function in independent living. Requests for long term care services are received from:

- long term care facilities
- hospitals
- physicians
- CCSS staff
- other community agencies (in/out of state)
- families of persons in need of LTC assistance units applying in their own behalf

A case plan is developed in coordination with the client, physician, family, nursing quality assurance, and social worker.

The placement unit manages the responsibility for placing clients in the various facilities from independent living, and monitoring placement from other facilities and institutions. Placement is authorized by CCSS supervisors or their designee given authority to place and/or guarantee Clark County payment for long term care services. The client must meet the level of care qualifications, as defined by CCSS. This need must be verified by the attending physician(s) and the specific level of care determined by the Pre-admissions Screening and Resident Review (PASRR) and confirmed by CCSS.

All income for the assistance unit (the individual needing LTC placement, the client's spouse if applicable, and any minor children) must be declared. If the income is not adequate for private payment of long term care needs at the county contract rate, the assistance unit must pay a monthly patient liability in an amount determined by the county based on household income, family size; personal needs allowance, and spousal support.

Eligibility for assistance will be determined based on non-financial, financial and prior resource criteria which will be verified at the time of application. A CCSS LTC application must be completed on all potential assistance units prior to authorization of placement. Entitlement to Clark County assistance will be determined in accordance with the provisions of eligibility criteria set forth herein. Failure to permit reasonable investigation will result in a denial of assistance. The assistance unit will supply information regarding residence for three years prior to application. Failure to furnish eligibility information could result in denial of

assistance. Misuse of services will result in no additional Clark County assistance.

**Eligibility for LTC will commence no sooner than the date eligibility can be established.** An assistance unit that is determined to be eligible for LTC services may have their eligibility established no sooner than the first of the month in which an application is received. CCSS does not provide retroactive coverage for months prior to the application. Payments made for services under LTC are at currently established Nevada State Welfare Medicaid rates or rates set by separate contract between Clark County and the provider.

Nevada Revised Statutes (NRS) 428.010 defines Clark County's duty to provide aid and relief to indigents. NRS 428.090 defines county medical assistance. Clark County Code 2.48 states the Department of Social Service responsibilities.

## **NONFINANCIAL CRITERIA**

### **TYPES OF FACILITIES**

#### **Adult Group Care Facilities (AGCF)/Assisted Living Facilities (ALF)**

AGCF's/ALF's are social model residential care facilities. They provide:

- rooms
- meals
- personal care
- laundry
- 24-hour non-medical supervision.

These facilities are for persons who, because of age or disability, would not be able to provide their own household needs and do need someone in attendance in case of emergencies. Clients must be able to self-direct their own care.

Individuals considered for this type of facility must be:

- ambulatory
- capable of independent transfers
- continent/incontinent with self-care
- free of communicable diseases
- able to exit with/without assistance in case of emergency. Assistive devices are permitted.

\*\*\*\*AGCF's are divided into two groups, those with more than 2 persons, and those with 2 or fewer persons. Those with more than 2 persons must be registered and licensed by the BLC. Those with 2 or less must be registered with the BLC.

Verification:

Licensure and/or registration by the BLC, contract with CCSS & inspection by CCSS.

Exception:

Persons placed under Temporary Assistance for Displaced Seniors (TAD'S) administered by Senior Citizens Protective Service (SCPS).

### **Intermediate Care Facilities**

An Intermediate Care Facility has a professional registered nurse on duty for the 7:00 AM to 3:00 PM and 3:00 PM to 11:00 PM shifts.

In an Intermediate Care Facility there is a strong emphasis on social and rehabilitative services provided in as normal a living situation as possible. The basic goal is for service units to become involved in learning and to accept responsibility for their own health needs, as far as is practical.

The ability of a resident to provide his/her own activities of daily living (ADL), transfer ability, continent are assessed in order to identify the correct level of care for each resident. An ICL I is basically self care and requires twenty-four (24) hour medical supervision. An ICL II resident requires moderate ADL assistance and continuous medical supervision. An ICL III resident requires significant ADL assistance and continuous medical supervision.

Verification:

Licensure by BLC, Contract with CCSS & inspection by CCSS.

### **Skilled Nursing Facility**

A facility giving twenty-four hour nursing care under the supervision of a professional registered nurse is a Skilled Nursing Facility (SNF). To justify an SNL placement, a patient must require the type of care described in the Medicare criteria. The SNL patient may require continuation of oxygen therapy, dressings requiring sterile techniques and extensive skin care.

The following are included in SNF services.

- Ordered by a physician.
- Provided on a continuous basis.
- Provided on an inpatient basis in a certified SNF.

Requiring specialized assistance and equipment and increased monitoring.

Patients admitted to this level of care require an increased level of medical, nursing and technological services to stabilize their conditions or to continue their plans of care. There are three skilled levels of care which are determined by the number of nursing hours required in a twenty-four (24) hour period. The number of nursing hours are regulated by the Nevada State Welfare Division. Included in the SNF I and II categories are patients requiring at least one, but usually more than one, of the following. A SNF III category is usually reserved for residents who are ventilator dependent

- Parenteral treatments, such as IV antibiotics, total parenteral nutrition (TPN), chemotherapy, or pain therapy.
- Enteral nutrition via nasogastric or gastrostomy tube.
- Care of tracheostomy (excluding ambulatory, permanent trach cases).

Patients whose care is sufficiently complex and time consuming such as:

- comatose patients;
- Multiple trauma accident victims;
- Isolation patients with infectious disease or whose unstable condition require the use of sterile techniques to avoid exposure to infection; or
- Certain difficulty to place patients as determined by CCSS Administrative staff.

Verification:

Licensure by BLC, Certification by Medicare, Contract with CCSS & inspection by CCS

## **B. SERVICE UNIT COMPOSITION**

A service unit can be an individual or group of individuals residing together. A service unit includes spouse, parents, siblings, children, those similarly related by marriage or adult wards, and children under legal guardianship residing together. Persons not having attained an age of eighteen (18) years may not apply for benefits and must be included in the service unit of their parent, adult relative or guardian to receive program benefits. Minors who have been emancipated by court process or married 16-18 year old persons are considered adults for CCSS eligibility. Income and resources of all service unit members will be considered in determining eligibility for medical assistance.

Verification:

Adults in a service unit applying for Clark County assistance will, by signed authorization, permit CCSS to verify pertinent facts of eligibility. Applicants for assistance are primarily responsible for furnishing eligibility information and verifications to demonstrate their qualification for Clark County assistance. A

service unit will place with CCSS a declaration of need and a full disclosure of financial and social information demonstrating a factual need. The form of this declaration will be prescribed by CCSS.

Birth certificate, marriage license, lease agreement, mortgage papers, divorce papers, adoption papers, proof of separate residence or legal separation, adoption papers, state law, statement to CCSS or other agency/business./individual, other legal documents acceptable to CCSS, and CCSS determination.

Exception:

An adult sibling, parent of an adult child or an adult child including those similarly related by marriage residing in the same household may make a written declaration that they do not have any responsibility for the medical needs of their relative and may be excluded from the service unit. For Long Term Care only income and resources of individuals, spouses, and any of their minor children residing with them will be considered in determining LTC eligibility.

### **C. IDENTIFICATION (ID)**

Each adult in a service unit must have two (2) forms of identification and one of these must be a valid photo identification.

Verification:

The photo identification for each adult must be a driver's license or other valid photo ID. The second form of ID for each adult may be another photo ID card, a Social Security card, a birth certificate, a Food Stamps or NSWSS card, or other valid ID.

Exception:

An adult service unit member without adequate photo identification may be served with CCSS supervisory approval, but must produce photo ID for subsequent certification.

### **D. MEDICAL NEED**

#### **Service Unit with LTC Need**

A service unit meets the medical need by level of care screening and review of medical records by CCSS staff.

CCSS does not take responsibility for placement of a patient whose primary diagnosis is psychiatric.

Verification:

Doctor's orders of placement, level of care screening, CCSS assessment, medical records.

## **E. U.S. CITIZENSHIP AND ALIENS WITH LAWFUL U.S. RESIDENCE REQUIREMENTS**

### **1. U.S. Citizen**

A citizen is an individual born in the United States or its territories (such as Puerto Rico, Guam, or the Virgin Islands) or who has proof of U.S. citizenship.

Verification:

Birth certificate, Passport, Voter Registration card, Naturalization Papers, or State Department/Embassy/Military Issued Birth Record, CCSS determination.

### **2. Aliens With Lawful U.S. Residence**

The following categories of aliens are eligible for LTC:

- Aliens who have lawful permanent residence status and are beyond the sponsorship period (usually five years).
- Aliens who have lawful permanent residence status and who entered into the U.S. without a formal sponsor. This may include an alien who married a U.S. citizen.
- Aliens Who Qualify As Permanently Residing Under Color of Law (PRUCOL) including refugees, aliens granted asylum, parolees, and Cuban/Haitian entrants.

Alien service unit members may be told that receiving CCSS assistance may be reported to the U.S. Department of Justice, Immigration and Naturalization Service (INS). Aliens receiving benefits from the Refugee Resettlement Program are not eligible for LTC.

Verification:

Immigration Naturalization Service (INS) documents I-551, I-151, I-94 (with appropriate INS code), I-134 (Affidavit of Support), or other valid sources as determined by CCSS (PRUCOL Social Security Numbers), proof of the INS plan for the applicant.

Exception:

If the sponsor has abandoned the alien, or is also indigent, the alien may qualify for LTC. Other lawful aliens may qualify for LTC under limited circumstances approved in writing by a CCSS supervisor, which may include an alien awaiting clarification of their status by INS.

### **3. Aliens Without Lawful U.S. Residence**

The following aliens do not qualify for LTC:

- Foreign students, foreign visitors, aliens admitted under work visas and their families, and undocumented aliens are ineligible for LTC.
- Aliens entering the U.S. on a Visa (student or visitor) may have a U.S. resident guaranteeing support. That service unit is primarily responsible for the alien's support and care.
- Aliens without papers do not qualify for LTC.
- Aliens who are working with INS for either deportation or limited status are not eligible for LTC.

Verification:

Immigration Naturalization Service (INS) documents without appropriate codes, lack of proof of U.S Citizenship or INS documentation.

Exception:

The alien with LTC need may qualify, under extreme circumstances, for placement with the CCSS Director, Deputy Director, or their designee's approval pending permanent arrangements.

## **F. RESIDENCY**

In Nevada, residence is synonymous with domicile and the Nevada Supreme Court has frequently defined it to mean the fact of presence, together with the intention of permanently residing in a given place. To receive LTC, a service unit must be domiciled in Clark County, Nevada, and intend to reside here permanently. If a service unit was a resident of another Nevada county prior to his/her placement in institutional care (either hospital, LTC, or AGCF), that county is the service unit's county of residence. (NRS 428.020)

Verification:

Rent receipt, landlord statement, mortgage payment book, statement of applicant.

## **G. OTHER AGENCY RESOURCES**

Numerous agencies and programs exist in Clark County that render assistance to indigent persons. These agencies and programs will be considered resources prior to extension of Clark County funds for the care of indigent persons.

Service units who apply for LTC and who appear to qualify for other long term care programs, i.e., SSI, Nevada MEDICAID, MEDICARE, VA and any other identified by CCSS, must apply for the appropriate resource. Cooperation with other assistance programs is a mandatory requirement of the Clark County Long Term Care program. Every possible effort must be made by the service unit to become eligible for that program. If there is sufficient evidence to believe that the service unit has not complied and made every effort to become eligible for that program, this will be grounds for denial of CCSS assistance.

Verification:

Documentation from program with service unit's status.

### **2. Social Security Administration (SSA, SSI) - Nevada State Welfare (Medicaid/Title XIX) Programs**

Nevada Medicaid recipients may receive LTC services from the Clark County LTC program only for AGCF, and then only if the recipient is under sixty-five (65) years of age, and, therefore, ineligible for the SSI Aged Domiciliary program. LTC may be issued to the service units pending Nevada Medicaid for the purpose of guaranteeing nursing home charges, in the event the service unit is denied Medicaid. Before a guarantee may be issued, the service unit's eligibility for CCSS LTC must be determined and the service unit must meet all CCSS LTC requirements. CCSS will be responsible for charges only if the service unit and/or representative and facility has cooperated with the prior resource(s) and has a final decision of denial from Nevada State Welfare Medicaid or Social Security. The denial decision must not be for lack of cooperation, fraud, withholding information, or misinformation. The CCSS guarantee does not cover the patient liability and is only available for AGCF, ICF, or SNF facilities with a current CCSS contract.

Verification:

Social Security 2458 form, TPQY, Pending Slip from NSWSS.



## **RESOURCE CRITERIA**

### **A. RESOURCES/ASSETS**

#### **1. Asset Reserves and Limits**

Asset reserves are considered up to specific limits for LTC. An applicant/service unit with resources/assets over the asset limit for the service unit is not eligible for LTC. An applicant/service unit with resources/assets under the asset limit for the service unit may qualify for LTC; however, the applicant/service unit must also qualify under the non-financial and financial criteria in order to receive LTC.

Resources/Assets include, but are not limited to, the following:

- Market value of non-residential real estate (less encumbrances).
- Cash, stocks, bonds, trust funds, individual retirement accounts (IRAs), bank accounts, royalties or any other items that can be converted into cash.
- Cash value of life insurance policies (less burial policies from mortuary).
- Motor vehicles, livestock, trailers, boats, etc.
- Any resources considered assets under definition of U.S. Bankruptcy Court provisions.
- Market value of trust deeds.
- Individuals in LTC may be allowed \$2,000 in personal assets.
- A service unit with an at-home spouse may have a maximum of \$20,000, including the \$2,000 allowed for the spouse placed in LTC.

Verification:

Paperwork from source containing sufficient information as determined by CCSS worker. Some examples are: real estate property tax assessment, real estate sales contract indicating fees and sales price, original stock/bond/life insurance documents and current statement from broker, end of year dividend and cash value statements, bank account statements.

Exception:

Personal asset disregards are allowed in LTC cases. In cases of lump sums received by aged or disabled clients, the asset disregard can be used to offset the amount considered in determining eligibility for LTC.

#### **2. Occupied Property**

Residential property of an individual is not allowable. The definition of residential property is a house, mobile home or motor home occupied by the service unit as a primary dwelling and owned by at least one member of the service unit. Real

property owned by at least one member of the service unit contiguous to the dwelling will be considered part of the residential property to a maximum of one acre.

Verification:

Clark County Assessor Records, ownership papers.

Exception:

Additional acreage over the maximum of one (1) acre may be allowed up to five (5) acres with approval of a CCSS Division Manager for a service unit residing in a zoning district of Clark County which requires a minimum acreage exceeding one (1) acre.

Residential property is allowed when there is an at home spouse occupying the residence or the patient is reasonably expected to return from LTC placement to the residence within ninety (90) days.

### **3. Vehicle(s)**

#### **Transportation Needs**

Members of a service unit may own one motor vehicle essential to the transportation needs of the unit without loss of eligibility status. The value of the essential vehicle (highest value vehicle when more than one) will not be considered in determining assets.

A second vehicle (second highest value vehicle) will also not be considered as an asset, if it is necessary for transportation for medical care or employment. Market value, less encumbrances, of any additional vehicle(s) will be considered an asset.

If the market value of an automobile is not listed due to age or is listed as zero value in the Kelley Blue Book (including older vehicle book), the vehicle will not be considered an asset. Antiques and/or classic vehicles will, however, be considered at appraisal value, regardless of listing in the Kelley Blue Book.

Verification:

Registration of vehicle, Department of Motor Vehicles documentation, Kelley Blue Books, appraisal from a licensed auto dealer.

Exception:

A service unit may bring in an appraisal from an auto dealer licensed within Clark County, Nevada, to establish a value, if the value is different from the Kelley Blue Book.

## **B. LIQUIDATED ASSETS**

### **Sale, Spend Down or Transfer of Personal Assets**

Applicants for and recipients of CCSS programs must declare the sale, spend down or transfer in any manner of the personal assets of anyone in the service unit that occurs within thirty-six (36) months prior to application or at any time after application. Any liquidated assets will be considered as lump sums received (see section C. Lump Sum Payments for rules on the eligibility determination). Such lump sum receipts (Social Security, sale of non-residential real estate, insurance settlement, etc.) or proceeds from sale of residential property within thirty-six (36) months prior to application date, or any time after application date, will be assumed to be available for meeting living expenses and/or medical expenses. Verification will be required to determine disposition of assets.

Transfer or divestiture of a resource for less than fair market value is presumed to have been made for the purpose of establishing CCSS assistance eligibility. This assumption will prevail unless clear and convincing evidence is provided that the resource was transferred for some other reason, or, at the time of a transfer, a service unit could not have anticipated becoming eligible due to circumstances which would have precluded eligibility. The burden of rebutting the presumption that a resource was transferred to establish CCSS assistance eligibility rests with the applicant.

If the service unit alleges the asset is no longer available, a signed statement must be furnished as to disposition of the asset. Such statement does not necessarily qualify as proof of disposition, but will be considered in eligibility determination.

Bill of Sale, Transfer Statements.

Exception:

Resources not available to a service unit due to theft, embezzlement or criminal exploitation may be disregarded. If assets are expended on existing medical bills, legal debts, family necessities such as repair or replacement of primary vehicle (not to exceed \$10,000), major essential appliances, or similar living necessities, they may be termed allowable by written CCSS social work supervisor approval. These expenditures will be considered for exception only if expended prior to the date of application. Proceeds from sale of residential property reinvested in

purchase of a new residence may be allowed with approval of the CCSS Director or designee.

## **C. LUMP SUM PAYMENTS**

### **1. Lump Sums**

Lump Sums are assets received within thirty-six (36) months prior to the application or at any time following the application and are assumed to be available for living expenses and/or medical expenses. Examples include but are not limited to non-recurring lump sum payments, i.e., SIRS settlements, Social Security retroactive benefits, sale of non-residential real estate and other assets, insurance settlements received, profit from litigation, or other sources. Verifications will be required to determine disposition of lump sum assets.

Individuals with lump sum benefits or pending lawsuits, which may result in lump sum benefits, are to furnish verifications appropriate to this resource. The CCSS worker is to obtain the name of the service unit's attorney. If appropriate, reimbursement agreement is to be completed and forwarded to the service unit's attorney.

An eligibility determination will be made on lump sums beginning with the month of the request for service retroactive to the month when the lump sum was received. If the lump sum was received more than thirty-six (36) months prior to the request for service, then the service unit may be eligible for assistance. If the lump sum was received within thirty-six (36) months of the date of request for service, a spend down computation is done to determine if any of the lump sum is available by CCSS standards. If lump sum payments are received prior to the knowledge of the need for LTC, then usual household expenses will be allowed in the lump sum spend down computation.

The spend down computation, explained in this section, is used to determine if the service unit is eligible for LTC. Any income or other assets are added to the lump sum amount from the month of receipt of the lump sum to the month of request for service. Expense for legal debts, medical bills, usual household purchases, family necessities, child care, rent or mortgage payments, and any applicable CCSS asset allowance are used to deplete the lump sum from the month of receipt to the month of request for service. The appropriate standard of need for the size of the service unit is also used to deplete the lump sum from the month of receipt of the lump sum up to the current month in which service is requested. A future period of ineligibility will be calculated if there are remaining monies which CCSS considers as income available for living and/or medical expenses.

If the service unit qualifies by income and category for SSI or Nevada Medicaid, by has been disqualified for divestment of an asset, CCSS will determine a period of ineligibility in accordance with current Nevada Medicaid criteria.

Verification:

Written documentation verifying the date of the lump sum; receipts for payments/purchases to do a spend down computation; documentation of pending law suits; proof of disqualification for SSI, Medicaid, or any other prior resource due to divestment of an asset; documentation from other sources, as necessary; CCSS determination.

Exception:

Service units applying for LTC who will be pending Nevada Medicaid may have any lump sums and asset divestment considered in accordance with current Nevada Medicaid criteria.

## **2. Expense for Legal Debts/Medical Bills**

Subtract from lump sums received any amount used for payment of legal debts or medical bills incurred. Medical debts or ongoing medical expenses, including medical insurance, of the eligibility unit may be allowed if actually being paid. Allow actual expenses for prosthetic appliances (wheelchair rental, hearing assistance batteries, crutches, oxygen, etc.) and prescription drugs. Court-ordered child support and mandatory deductions/payments (i.e., garnishment, alimony, and IRS) that are being made will be allowed on an as paid basis, when they are not already deducted from income in computing net income.

Lump sums cannot be reduced or spent down by giving personal loans to other individuals unless there is a written agreement or contract with terms for repayment prior to the knowledge of the need for LTC.

After a service unit receives a lump sum, repayment of personal loans to another individual will only be allowed if the loan is fully documented in writing prior to knowledge of the need for LTC and there are receipts/statements verifying the repayment. Repayment of personal loans will not be allowed unless they can be documented and verified.

Verification:

Receipts for payments/purchases.

Exception:

Written CCSS social work supervisor approval is required for any exception.

### **3. Expense for Usual Household Purchases**

Subtract from lump sums received any amount used for usual household purchases and expenses, if the lump sum was received prior to knowledge of the need for LTC.

Verification:

Receipts for payments/purchases.

Exception:

Written CCSS social work supervisor approval is required for any exception.

### **4. Expense for a Family Necessity/Child Care**

Subtract from lump sums received any amount used for family necessities such as repair or replacement of a primary vehicle (not to exceed \$10,000), major essential appliances, or expenses for child care. Child care expenses paid to a relative are not allowed. Replacement expenses for family necessities and household expenses are allowable expenses when the lump sum is specifically for that purpose. For example, when a service unit receives an insurance settlement to replace stolen or destroyed household items, these are allowable expenses.

Actual child care expenses are allowed prior to the request for CCSS assistance if paid to a licensed child care facility. After the request for assistance, child care may be considered up to a maximum monthly payment of \$300 for one child and \$500 for two or more children, if paid to an independent, appropriately licensed child care provider or facility.

Verification:

Receipts for purchases.

Exception:

Written CCSS social work supervisor approval is required for any exception.

### **5. Calculation of Monthly Standard of Need (MSN), Rent or Mortgage Payment Allowance, Disabled/Aged Allowances and/or Work Allowances**

\* Monthly Standard of Need (MSN)

Subtract from lump sums received the monthly standard of need (obtained by using the full Federal Poverty Guideline figures found in the DAS Financial

Criteria Section) for the service unit size from the month of receipt of the lump sum up to the request for service.

#### Rent and Mortgage Payment:

If the service unit has not been on CCSS assistance, subtract from the lump sum received the actual amount of rent or mortgage payment from the month of receipt of the lump sum up to the month of the request for service. After the request for service or if the service unit has been on CCSS assistance, subtract from lump sums received the rent or mortgage payment on an as-paid basis to the maximum amounts specified in the following table.

After the request for service to determine the allowable amount enter the Number of Persons column in the table at the line which indicates the number of persons in the service unit and follow the line across to the Amount column which specifies the maximum rent/home payment amount.

**SIZE OF HOUSEHOLDS TABLE**

<b>Number of Persons</b>	<b>Amount</b>
1 - 2	\$300
3 - 4	\$350
5 or more	\$50

**SECTION 12****SPECIAL IMPROVEMENT DISTRICT HARDSHIP  
DEFERMENT**

In accordance with NRS 271.357 the Special Improvement District Hardship Deferment (SID) program has been established to provide home owners living in a Clark County designated Special Improvement District, a mechanism to obtain a hardship determination prior to final adoption of the assessment roll by the Clark County Board of County Commissioners.

**Disabled Household Member**

A household member is permanently disabled by Veterans Administration (VA) or Social Security Administration (SSA) standards.

Verification:

- Doctor's statement
- Documentation of receiving:
  - SSD
  - SSI
  - VA 100% benefits

A hardship determination is not to be construed to mean the assessment has been forgiven.

This hardship status must be renewed during the life of the bond. It permits the principal portion of the assessment installment payments, but not the interest thereon, to be deferred until the conditions listed in the statute are met.

Eligibility for assistance will be determined and verified at time of application.

Required verifications are listed with Clark County Social Service (CCSS). CCSS may require additional verifications, if those presented are not relevant or significant to the situation.

Failure to permit reasonable investigation will result in a denial of assistance.

A recommendation for Clark County assistance will be determined in accordance with the provisions of eligibility criteria set forth herein.

If the individual does not submit the required information and complete an interview within the established time period, the application will be considered withdrawn.



If the individual returns without the required verifications, the application will be denied.

Once eligibility has been determined, a recommendation to approve or deny the hardship application will be made to the Clark County Department of Public Works for presentation to the Board of County Commissioners at the SID ratification hearing.

Individuals eligible for a hardship deferment should contact CCSS as soon as possible to allow for an eligibility determination to be made before the SID hearing date.

The SID program is established in accordance with Nevada Revised Statutes (NRS) 271.125, NRS 271.130, NRS 271.357 and NRS 271.360 and Clark County Code 28.32.220.

## **NONFINANCIAL CRITERIA**

### **HOUSEHOLD COMPOSITION**

A household includes:

- Individual(s) who are eighteen (18) years of age or older
- Individual's spouse (*see eligibility criteria*)
- Individual's minor children
- Unrelated minors in the household (with social work intervention)
- Unmarried individuals with children and/or assets in common
- Individual(s) under legal guardianship
- Individual(s) who are married but separated from spouse.
- Individual(s) under sponsorship of the U.S. Citizenship and Immigration Service (USCIS):
  - Sponsor(s) must be the applicant
  - Sponsor and individual(s) seeking services must be eligible under all Medical Assistance Service (MAS) criteria

Individuals who are considered minors:

- Are under the age of eighteen (18) years
- May not apply for benefits
- Must be included in the household of their parents, guardian, or an adult relative.

Minors who are considered adults are:

- Emancipated by court process
- Legally married and sixteen (16) to eighteen (18) years of age

Individual(s) requesting deferment of assessment must be:

- Legal property owner
- Residing at the property

### **HOUSEHOLD IDENTIFICATION (ID)**

All household members must provide two (2) forms of ID. Adults must provide a photo ID.

#### **Verifications:**

- Driver's License
- State ID
- Passport
- Employment ID
- Social Security card
- Birth certificate
- Hospital birth record
- Southern Nevada Adult Mental Health Service ID
- Immunization record from a doctor or clinic
- Baptismal record
- Nevada State Welfare Food Stamp or Medicaid card
- School records/ID
- USCIS ID
  - Certification of Naturalization
  - Resident Alien card
  - Affidavit of Sponsorship
- Other ID, as deemed acceptable by CCSS designated employee.

Other supporting forms of ID may include:

- Marriage license
- Legal separation agreement
- Property settlement agreements
- Divorce decree
- Adoption or legal guardianship
- Lease/rental agreement or proof of mortgage
- Other legal documents as deemed acceptable by designated CCSS employee.

## **U.S. CITIZENSHIP AND ALIENS WITH LAWFUL U.S. RESIDENCE REQUIREMENTS**

An Individual(s) may be eligible for SID, if they meet all SID criteria and is a U.S. Citizen or has lawful resident status in the U.S.

### **Verification:**

- Birth certificate
- U.S. Passport
- Naturalization Papers
- State Department/Embassy/Military Issued Birth Record
- CCSS designated staff determination

Sponsored aliens with lawful U.S. residence  
The following categories may be eligible for SID:

- Aliens who have lawful permanent residence status
- Aliens who are beyond the sponsorship period
- Aliens who have been abandoned by their sponsors
- Aliens who remain under lifetime sponsorship. Lifetime sponsorship began on December 19, 1997 and the obligation continues until the sponsored alien meets one of the following criteria:
  - Is Naturalized
  - Has worked 40 quarters
  - Can be credited with 40 quarters of work
  - Leaves the United States permanently
  - Alien dies
  - Sponsor(s) is/are deemed indigent by CCSS standards
  - Sponsor(s) leave(s) the United States permanently

### **Verifications:**

- Naturalization Papers
- Affidavit of Support
- Social Security documentation
- US Citizenship and Immigration Services (USCIS) Permanent Resident Card
- CCSS designated staff determination

Un-sponsored Aliens with lawful permanent residence

- Alien battered spouse and child
- Alien who entered by lottery
- Refugees

- Aliens granted asylum
- Parolees
- Cuban/Haitian entrants

Verifications:

- USCIS documentation
- CCSS designated staff determination
- Requires written case plan with supervisory approval
- Case plan should move alien towards obtaining citizenship
- Failure of alien to participate fully in the case plan can result in denial of services
- USCIS documents with appropriate code:
  - I-94
  - I-151
  - I-551
  - I-680
  - I-688A & B
  - I-766
  - PRUCOL Social Security Numbers
  - Proof of Supplemental Security Income (SSI) cessation
  - CCSS designated staff determination

Aliens without legal US residency are not eligible for SID:

- Foreign students
- Foreign visitors
- Aliens admitted under work visas and their families
- Undocumented aliens

**RESPONSIBLE RELATIVES**

In cases in which the responsible relative appears to have the ability to assist and refuses to do so, the matter may be referred to the District Attorney's Office.

**Spouse**

- Responsibility for spouse is required before Clark County assistance may be considered.
- In cases of separation of a spouse from the applying individual the separated spouse's ability to assist, by CCSS standards, will be assessed.

Verifications:

- Marriage license

- Legal documents of separation
- Divorce decree
- Lease/rental agreement or proof of mortgage
- CCSS designated staff determination.

### **Parents of minor children**

- Parental responsibility for minor children is required before Clark County assistance may be considered.
- The absent parent(s) ability to assist will be assessed; referrals to the District Attorney's (DA) Family Support Division office to pursue child support will be required. An individual may be issued a Medical Assistance Service (MAS) card for the month of application, but must produce verification of status for subsequent services. (NRS 125B.020)

### **Verification:**

- Statements of responsible relatives
- Guardianship documentation
- Adoption documentation
- Service unit member's declaration
- Divorce decrees
- Legal separation agreements
- CCSS designated staff determination.

### **RESIDENCY**

A household member must:

- Be domiciled in Clark County, Nevada
- Intend to reside in Clark County permanently
- Own and reside at the property subject to the SID assessment

In Nevada, residence is synonymous with domicile and the Nevada Supreme Court has frequently defined it to mean the fact of presence, together with the intention of permanently residing in a given place.

### **Verifications:**

- Voter registration
- DMV records
- County Assessor records
- Property ownership documentation
- SID notification
- Landlord statement

- Mortgage payment book
- CCSS designated staff determination.

## **RESOURCES CRITERIA**

Resources and assets have specific limits for SID

- \$2,000 for an individual
- \$3,000 for a household of 2 or more individuals

Individual(s) with excess resources/assets will not be eligible for SID  
Individual(s) meeting resource limits must also meet other CCSS SID criteria.

Resources/Assets include:

- Market value of real estate or trust deeds less encumbrances
- Excludes primary residence up to one (1) acre.
- Excludes primary residence up to five (5) acres, if residing in a Clark County zoning district requiring ownership of more than one (1) acre.  
NOTE: Residential property is a house, mobile home or motor home occupied by the individual as a primary dwelling and owned by at least one member of the household.
- Cash
- stocks
- bonds
- trust funds
- individual retirement accounts (IRA)
- 401-Keogh
- tax deferred annuities
- bank accounts
- royalties
- Cash value of life insurance policies (less burial policies from mortuary).
- Estates that must be probated
- Motor vehicles, trailers, boats, etc.
  - Excludes primary motor vehicle
  - A second vehicle will be allowed if necessary for medical care or employment for a second adult in the household
  - Other vehicles:
    - Market values less encumbrances may be considered assets
    - If Market value of a vehicle is not listed due to age or listed at zero in the Kelley Blue Book (older vehicles), the vehicle will not be considered an asset

- Antiques and/or classic vehicles will be considered at appraisal value regardless of listing in the Kelley Blue Book
- Livestock
- Any resources considered assets under definition of U.S. Bankruptcy Court provisions
- Other items that can be converted into cash (less mandatory fees to convert).

Verification:

- Documentation from source of asset verification
- Real estate sales contract indicating fees and sales price
- Original stock/bond life insurance documents
- Current statement from broker
- End of year dividend/cash value statements
- Kelley Blue Book
- Appraisal from licensed auto dealer
- Bank account statements
- CCSS designated staff determination

**Asset Disregards**

The following personal asset disregards are allowed:

- Will be allowed \$10,000 in personal assets:
  - Person(s) 65 years of age or older
  - Person(s) totally disabled for a twelve (12) month period (VA or SSD standards)
- Will be allowed \$20,000 in personal assets:
  - At least 2 members are aged 65 years or older and/or
  - Are totally disabled for a twelve (12) month period (VA or SSD standards)

Verifications:

- Birth certificates
- Statement of disability by a physician

Assets exceeding the disregard amount will disqualify the household. In cases of lump sums received by aged or disabled households, the asset allowance may be used to offset the amount considered in determining eligibility for SID.

**Residential Property**

The definition of residential property is a:

- House
- Mobile home
- Motor home on land owned by at least one member of the household
- Primary dwelling occupied by the household

Real property owned by at least one member of the household contiguous to the dwelling will be considered part of the excluded residential property up to a maximum of one acre, unless it contains dwellings, other than the principal residence, that are revenue generating.

Verification:

- Clark County Assessor Records
- Ownership papers

**LIQUIDATED ASSETS**

**Sale, Spend Down or Transfer of Personal Assets**

Household must declare the sale, spend down or transfer in any manner the personal assets of anyone in the household that occurs within 36 months after initial notification by Clark County of intent to establish and SID that includes the household property.

Any liquidated assets will be considered lump sums (see Lump Section for eligibility criteria).

Lump sums received within 36 months after the initial notification by Clark County of intent to establish and SID will be assumed to be available for meeting living expenses and/or medical expenses. Verification will be required to determine disposition of an asset.

Transfer or divestiture of a resource for less than fair market value is presumed to have been made for the purpose of establishing CCSS eligibility. This assumption will prevail unless clear and convincing evidence is provided by the individual that:

- The resource was transferred for some other reason, or
- At the time of a transfer, the individual could not have anticipated becoming eligible due to circumstances which would have precluded eligibility

Resources not available to household due to criminal act may be disregarded.



Verification:

- Bill of Sale
- Transfer Statement
- Receipts for payments/purchases
- Police report
- CCSS designated staff determination

**LUMP SUM PAYMENT**

Lump Sums are:

- Assets received within thirty-six (36) months prior to the application or at any time following the application.
- Non-recurring income or asset(s) in the amount of \$5,001 or greater.
- Assumed to be available for living expenses and/or medical expenses.
- Examples include:
  - Workers Compensation settlements
  - Proceeds from sale of real estate
  - Insurance settlements
  - Proceeds from litigation, inheritances, trusts, pensions stocks, retirement accounts
  - Proceeds from other assets
  - Exclusions:
    - Social Security retroactive payment(s)
    - Internal Revenue refund(s)

Stolen, embezzled, or otherwise made unavailable due to circumstance beyond the control of the service unit may be exempted.

Documentation type(s) required:

- Police report or legal documentation
- Other agency report
- Determination by CCSS designated staff.

If the lump sum was received more than thirty-six (36) months prior to the request for service, the lump sum will be considered depleted.

If the lump sum was received less than thirty six (36) months prior to the request for services, a spend down computation is done to determine if any of the lump sum is available by CCSS standards.

**Resource allowances** will be:

- \$2,000 for household of one (1)

- \$3,000 for household of two (2) or more.

**Allowable expenses** to spend down excess will only include:

- Child support payments if not deducted from wages
- Verified licensed child care or adult day care
- IRS payments if not deducted from wages
- Court order costs, fines, and attorney fees
- Loans documented prior to request for service
- Payments for medical expenses:
  - Medical bills
  - Prescriptions
  - Medical insurance premiums and co-pays
  - Prescribed durable medical equipment and disposable medical supplies
- Burial or Cremation accounts or insurance
- Purchase or major repair of primary vehicle
- Vehicle insurance
- Vehicle Registration
- Purchase of primary residence
- Major repair of primary dwelling to maintain habitability
- Purchase or repair of major appliances in primary residence
  - Air conditioning/heating system
  - Refrigerator
  - Stove
  - Water heater
  - Purchase or modifications made to primary residence to accommodate disabilities

### **Calculation**

A spend down computation is completed to determine eligibility for CCSS programs. Using the following calculations:

1. Verify the amount of the lump sum, the date received and source.
2. Add all income from the date the lump sum was received, through the month of eligibility determination.
3. Count the number of months from the date the lump sum was received excluding the month eligibility is determined.
4. Determine the current HHS poverty guidelines for the household size.
5. Multiply steps #3 and #4.
6. Subtract the allowable debts from the result of Step #5.
7. Subtract the resource/ asset allowance for the household size from the result of Step #6. This will determine the remainder of the lump sum

8. When more than one lump sum is received in a 36 month period prior to eligibility determination start calculations using the oldest lump sum. Add subsequent lump sums in other income to make calculations.

### **Outcome**

1. If the remainder is less than the current HHS poverty guidelines for the household size, the lump sum is considered depleted.
2. If the remainder is more than the current HHS poverty guidelines for the household size, divide the remainder by the current HHS poverty guidelines for the household size to determine the period of ineligibility which begins with the month of eligibility determination.
3. Ineligibility will not exceed 36 months total from the date the lump sum was received through the date of ineligibility.
4. Subtract the number of months from the date the lump sum was received (#3 above) from 36 months. If this number is less than the number of months of ineligibility use the smaller of the two to determine the number of months of ineligibility.

Households with pending “lump sum benefits” will be required to provide verifications appropriate to this resource. The CCSS designated staff is to obtain the name of the household’s attorney, if applicable. A reimbursement agreement is to be completed and forwarded to the household’s attorney, if applicable.

If anyone in the household qualifies for Supplemental Security Income (SSI) and/or Medicaid, but has been disqualified for divestment of an asset, they will not qualify for SID for a maximum of thirty-six (36) months from the date of divestiture.

Refer to the Disregard section, if applicable.

### **Verification:**

- Written documentation verifying date of lump sum received
- Receipts for payments/purchases
- Pending lawsuits
- Proof of disqualification for prior resource(s)
- Proof of divestment of an asset
- Other documentation determined by CCSS designated staff

## **FINANCIAL CRITERIA**

### **INCOME**

Individuals must report all income received or anticipated by any member of the household or USCIS Sponsors within the month of application and ongoing.

#### **Earned Income includes:**

- Wages
- Training stipends
- Seasonal income may be averaged over twelve (12) months
- Self-employment income:
  - Allowable expenses:
  - Rent for business location if outside of primary residence
  - Job related supplies, tools or materials used to complete a given job or trade
  - Employee wages as reported to IRS, not the applicants
  - License and certificate fees
- Other earned Income

#### **Unearned Income includes:**

- Pensions
- Social Security
- Unemployment Insurance Benefits
- Veterans Administration Benefits
- Workers Compensation
- Federal/State Income Tax Refund(s)
- Trust Income
- Child Support
- Alimony
- Gambling winnings
- Foster Parent Income
- Educational Grants for living expenses
- Monetary gifts
- Loans
- Donations/Contributions
- bills paid by others outside the household
- Utility allowance
- Other

## **Caregiver Income**

If the caregiver is requesting SID and is a relative, other than a spouse, who provides housing and personal care medically required by an elderly (age 65 or older) or a totally and permanently disabled adult, the income or resources of the individual depending on the caregiver will not be considered in determining the caregiver's SID eligibility. If the caregiver receives a salary or other income for providing such care that amount will be counted as income for SID.

If the elderly or disabled adult is requesting SID and receives housing and personal care from a caregiver who is a related adult other than a spouse, the elderly or disabled adult will not be disqualified for SID based on the income/resources of the caregiver. However, contributions to an elderly or disabled adult on a regular or ongoing basis from the caregiver are counted as income of the elderly or disabled adult.

### Verification:

- Doctor's statement that personal care is required due to age or disability
- Birth certificate
- CCSS designated staff determination

## **Excluded Income**

- Educational grants for tuition and books
- Corporation for National and Community Service stipends
- Senior Companion
- Foster Grandparent Program (FGP)
- Retired Senior Volunteer Program (RSVP)
- Emergency Food and Shelter Program (EFSP)
- Emergency Shelter Grant (ESG)
- Energy Assistance Program (EAP)
- Welfare Set-Aside Program (WSAP)
- VR stipends for meals and transportation

## **Lost or Stolen Income**

Lost or stolen income is included under SID criteria.

Stolen income requires a Police report and/or a report to the agency providing the income within forty-eight (48) hours (For rental assistance, see FAS criteria)

### **Suspended Income:**

SID may be issued with Social Work Intervention to assist in reinstatement of benefits.

Verification:

- Business license for self employed
- Tax Returns (Last three (3) years)
- Employees W-2 or 1099
- Bank statements (last three (3) with current balance)
- Business ledgers
- Wage stubs (gross amount prior to deductions)
- Statement from employer
- Social Security documents (gross amount prior to deductions)
- Police or agency report
- Other suspended income
- CCSS designated staff determination

**Calculating Gross Income Under Federal Poverty Guidelines:**

- Average last 3 months wages.
- Year to date gross income divided by the number of months/weeks employed or number of months/weeks since January of the current year, whichever is less.
- Project income from anticipated hourly wage multiplied by number of hours worked per pay period multiplied by frequency of pay periods.
- If this cannot be provided, assess current income/wages. If client has no income at the time of eligibility determination, assess verifiable anticipated income from secured employment or other resources.
- Amount of contributions or bills paid by others in the individual's behalf averaged per month.
- Add Tips, if applicable by calculating 15% of income, when the actual amount is not available on income verification.
- No expenses or allowances considered.
- When an "Excess" exists an individual may choose to pay the excess toward a
- "Share of Cost", if income is less than or equal to 200% of Poverty guideline level for the HH size.
- Exceptions may be allowed by a CCSS SS Manager, if warranted under "catastrophic" exceptions.

NOTE: Definition of catastrophic is an illness or injury resulting in a massive and sudden change in a person's health and /or lifestyle, or life threatening, accompanied by exorbitant medical bills.

## **Applications**

- Applications for Clark County financial assistance for SID assessments will be accepted and processed by CCSS prior to the acceptance of the assessment roll by the Board of County Commissioners
- Notice of Intent to File an Application must be received no later than three (3) days prior to the SID public hearing
- Following the filing, the household must complete an application for SID within five (5) working days
- Eligibility determination and subsequent notification to the Department of Public Works of hardship status of a household will be made prior to the ratification of the assessment roll.

### Verification:

- Completion of CCSS Form SID-1

## **Notification of Hardship Determination**

- CCSS will make a recommendation to approve or deny hardship status to the Clark County Commission via the Department of Public Works prior to the assessment roll ratification hearing. Households will be informed of the recommendation by letter.
- Households advised that their hardship determination is approved by CCSS shall pay the interest on the unpaid balance of previous and current assessments at the same rate and terms as has been previously established by CCSS for other assessments.
- The payment of such interest payments, including each installment thereof, is secured by a lien upon the household's property pursuant to NRS 271.420.
- The household's failure to make such interest payments shall entitle Clark County to proceed in accordance with NRS 271.545-630, including, but not limited to, instituting foreclosure proceedings against the household.

## **Renewal of Hardship Determination**

The household must apply for renewal of hardship status at least forty-five (45) calendar days before his/her fifth year of assessment payments are due. Eligibility requirements for renewal shall be the same as those currently in use for an initial application.

Notification of a decision regarding hardship determination will be made to the household by letter to the SID Coordinator in the Department of Public Works or designee of the Clark County Manager. Household has a right to appeal the decision using the appeal process hereinafter mentioned.

## **Change of Financial Status**

- CCSS reserves the right to re-examine hardship upon receipt of information that the household has received additional income or assets.
- The household has a responsibility to report the acquisition, by gift or inheritance, of any real property or entitlement to additional income or receipt of additional income in excess of \$1,200 per assessment year.
- Failure to report income or assets as outlined above may subject the household to fraud investigation.

## **Hardship Assessment Due Payable.**

The following is provided as information only. The Hardship Assessment Due Payable process is performed by the Clark County Treasurer.

That the assessment on property for which a hardship determination has been approved by the Board of County Commissioners shall remain postponed until any of the following occurrences:

- The property is sold or transferred
- The term of the District's bonds expires
- The household's application for renewal of the hardship determination has been disapproved by the Board of County Commissioners
- The household fails to pay, in a timely manner, the interest on the unpaid balance of assessments, or
- The household pays all previous and current assessments

Upon the occurrence of any of the items listed in this section, the household must begin paying off the balance of previous and current assessments and the interest thereon in twenty (20) semiannual installments which may be prepaid at any time.

## **Hardship Existing Past Bond Expiration**

If a household has been certified a hardship case the entire life of the bond, it is expected that the individual(s) determined a way to pay the principal due on the assessment at the end of the bond life. If the hardship exists past the life of the bond and the household cannot pay the entire assessment, it is expected the household will make a pay arrangement for twenty (20) equal semiannual installments of principal, plus any accrued interest, unless otherwise agreed to by the Clark County Treasure or designee of the Clark County Manager.



## **SECTION 13**

## **SENIOR CITIZENS PROTECTIVE SERVICE (SCPS)**

The Clark County Social Service (CCSS) Senior Citizens Protective Service (SCPS) performs many services assisting and supporting senior citizens in Clark County. The SCPS program is available for Clark County senior citizens aged sixty (60) years old or older.

Income restrictions, costs and/or fees are not imposed on senior citizens seeking assistance.

Medical Assistance Service (MAS) or Financial Assistance Service (FAS) will be based on CCSS eligibility criteria.

The goals of SCPS are to:

- Make seniors aware of alternative courses of action available to them to prevent abuse, neglect, exploitation, or isolation
- Provide counseling to reduce anxiety and lessen depression
- Make appropriate referrals to other agencies in cases where social work consultation alone is not sufficient to reach a workable solution
- Coordinate services to a senior by acting as an advocate to alleviate the conditions leading to abuse, neglect, exploitation or isolation
- Provide statistics which will measure the ongoing need for the SCPS program.

SCPS receives reports of:

- Elder abuse
- Neglect
- Exploitation from the public
- Isolation
- Police
- Medical personnel
- Others

On an emergency or situational basis, SCPS seeks to prevent:

- Neglect
- Abuse
- Exploitation of senior citizens
- Isolation

The SCPS program provides:

- Counseling to senior citizens
- Assistance in arriving at solutions to issues for senior citizens and their families.
- Referrals to appropriate agencies for issues not resolved through consultation
- Statistics which measure the need for protective services
- Provisions to remove highly at risk senior citizens from a hazardous environment
- Crisis and emergency social work agencies to Clark County senior citizens
  - Victims of abuse
  - Victims of neglect
  - Victims of exploitation
  - Victims of isolation

An investigation is initiated within three (3) working days and within twenty-four (24) hours in emergency situations.

Any report or referral containing an allegation of danger to a senior citizen arising from unfavorable conditions creates a presumption of need for the services of the SCPS program.

The need for SCPS is present in the case of any senior citizen involved in the following situations:

- Reported to be a victim of:
  - Abuse
  - Neglect
  - Exploitation
  - Isolation
- Living in conditions which presents a health or safety hazard
- Not obtaining or utilizing needed medical or psychiatric care
- Unable to perform activities of daily living in the individual's own residence
- Unable to arrange for necessary care
  - Homemaker/ Home health service
  - Nursing home placement
  - Doctor's appointments
  - Other as determined by CCSS designated staff
- Without other responsible individuals who are available, but not willing to assist the senior citizen

SCPS provides several services which include:

- Assessment

- Counseling
- Investigation
- Advocacy
- Coordination of resources
- Coordination of transportation
- Coordination of guardianship referrals

## **Assessment**

SCPS staff verifies that the senior citizen requires assistance and has no one able or willing to assist in a responsible manner.

## **Counseling**

SCPS staff provides counseling to:

- Senior citizens
- Families
- Individuals aware of the situation that lead to the referral to SCPS
- Other

## **Investigations**

In order to initiate prompt and appropriate action, SCPS staff determines the validity of the following allegations of:

- Abuse
- Neglect
- Exploitation of a senior citizen
- Isolation

## **Advocacy and Coordination**

SCPS staff coordinates:

- Alternative living arrangements in the community
- Alternative living arrangements in an institution for the senior citizen
- Mobilization of resources and community support to stabilize and maintain the senior citizen in his or her own home
- Services for seniors and advocates alleviating the conditions leading to abuse, neglect, exploitation or isolation of the individual

## **Transportation**

Limited local and out-of-county transportation is available for SCPS clients. Local transportation may be provided to and for:

- Medical appointments
- Referral agencies

## **Public Administrator Referral**

- SCPS staff will refer senior citizens to the Clark County Public Administrator for guardianship, as required.
- The Public Administrator has been designated by the County Commission to serve as the Clark County Public Guardian.
- Guardianship is a legal process that follows a format prescribed by Nevada law. Once appointed, the Public Guardian has the same duties, responsibilities, and authority as a private guardian.

The basic criteria for approval of a senior citizen to be established in the guardianship program is:

- Must be a Clark County resident
- Is incompetent
- Does not have any friends or family willing to serve as guardian
- There are not any less restrictive alternatives
- A manageable case plan must be developed

There is no age or financial requirements for service.

Referrals to the Guardianship program may be made utilizing the Public Guardian's "Guardianship Referral Form." In emergency situations, the Public Guardian's Office can be contacted directly by telephone or in person. The Public Guardian's Office will provide information and referral services, including less restrictive alternatives, to families and friends requesting guardianship.

## **Temporary Assistance for Displaced Seniors (TADS)**

- Several times a month, SCPS staff workers become involved with lost and confused senior citizens who may require temporary emergency placement until alternate housing arrangements can be established. TADS is administered through the SCPS program.
- TADS provides temporary housing at group care homes in the community until a responsible person can be located or until a case plan can be developed.

- In some emergency situations TADS funds may be utilized for nursing home placements not to exceed five (5) days, if approved by CCSS designated staff.

Referrals for TADS placement come primarily from:

- Las Vegas Metropolitan Police Department Adult Abuse Unit
- University Medical Center (UMC) Emergency Room.
- Community agencies
- Other interested parties

During normal business hours a potential TADS client is:

- Brought to SCPS for initial screening
- Taken to the UMC Quick Care Unit for a brief physical examination
- Transported to a group care home for temporary placement.

### **Referrals to SCPS by CCSS Staff**

When CCSS staff realize that an individual should be referred to the SCPS program they are required to report the situation accordingly.

The following responsibilities are required by CCSS staff:

- Responsibility of Social/Eligibility Worker
  - Must review the SCPS case with the worker's supervisor
- Responsibility of Supervisor
  - Contact the SCPS Project Director regarding the case
  - Case record should be current and available to the SCPS Unit for evaluation
- Responsibility of SCPS staff
  - If a case is accepted, SCPS will assume the responsibility of issuing MAS and FAS
- Case Completion
  - When a case no longer requires SCPS, but the need continues for MAS or FAS, the case will be transferred to appropriate CCSS designated staff.
- Referrals Information

Referrals should contain the following information about the senior citizen:

- Name
- Address
- Date of birth
- Social Security number

- Telephone number
- Name, address, telephone number of referring party
- Description of problem (noting guidelines)
- Names, addresses and telephone numbers of relatives or other interested individuals
- Source(s) of information
- Financial resources
- Medical or mental problems
- Other agency involvement

### **SCPS Program Service Benefits**

The SCPS program offers the following service benefits:

- Protective services to remove senior citizens from abusive, neglectful, exploitative or isolated environments.
- Preventive services to alleviate tense situations and resolve potential problems.
- Supportive services to give the senior citizen encouragement and assistance in order to be self-sufficient.
- Crisis counseling to senior citizens and other significant individuals

<b>SECTION 14</b>	<b>VOLUNTEER PROGRAM</b>
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The Volunteer Program is managed by the Volunteer.

The Volunteer Coordinator is responsible for the:

- Overall management of the program
- Recruitment
- Selection
- Placement
- Orientation
- Recognition of Agency volunteers

### **Application**

All prospective volunteers will submit a completed application to the Volunteer Coordinator before consideration for assignment.

- The application will be designed to obtain vital information about the volunteer and his/her availability and expectations
- To identify those candidates who are appropriate for assignment

The application will include a statement wherein the volunteer agrees to:

- Accept the CCSS Volunteer Code of Ethics
- Agree to rules of confidentiality
- Liability insurance
- A back ground check

Groups applying to give volunteer service will complete a group application listing a contact person who will make arrangements with the Volunteer Coordinator for group volunteer service.

### **Liability Insurance**

The volunteer's personal vehicle insurance will be in effect during periods of driving their own vehicles for volunteer services.

- Volunteers driving personal vehicles on CCSS business:
  - Must have a valid driver's license
  - Must be covered by personal automobile insurance as required by Nevada law

- Should notify their insurance carrier that their vehicle is being used for volunteer work.

For insurance purposes volunteers are covered under the provisions of Nevada Revised Statutes 616.067.

### **Termination of Volunteer Activity**

- Termination of a volunteer with CCSS may be initiated by:
  - the volunteer
  - the agency

### **Voluntary Separation:**

- The volunteer should give at least two weeks notice
- Should be given an exit interview and/or evaluation

### **Involuntary Separation:**

- The Volunteer Coordinator must provide written notice of the reason(s) for separation
- Notice must be placed in the volunteer's personnel file

### **Appeals of involuntary separation:**

- Must be in writing to the Volunteer Coordinator's supervisor
- The Volunteer Coordinator's supervisor's decision will be final



<b>SECTION 15</b>	<b>CONFIDENTIALITY</b>
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All CCSS household information is considered confidential. CCSS restricts the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administrative needs of the program(s) the applicant or recipient is requesting/receiving.

Purposes directly related to administration of the program(s) include:

- Establishing eligibility;
- Determining the amount of assistance
- Providing services for recipients
- Conducting or assisting an investigation, prosecution or criminal or civil proceeding related to the administration of the program(s)
- Other as determined by CCSS designated staff

Confidentiality of all CCSS cases and related information must be maintained in accordance with Nevada Revised Statutes, CCSS, and Health Information Portability Accountability Act (HIPAA) regulations.

Except as otherwise provided by law, information contained in a confidential record must not be communicated to others without the individual's consent unless there is a clear and immediate danger to some person or to society, and then only to the appropriate family members, professional workers or public authorities.

However, nothing in this section is intended to restrict CCSS disclosure of confidential information to other governmental agencies for the purpose of determining an individual's eligibility for benefits and services from the other governmental agencies.

Whenever names, addresses or information concerning applicants for and/or recipients of assistance are provided to another person or agency, such person or agency must maintain the confidentiality of that information.

### **Release of Information**

#### **General Release of Information**

- A release of information form ensures that written consent to allow the release of information from third parties about the client(s) has been obtained.

- Individuals must sign an Authorization to Release Confidential Information and/or a Certificate and Release of Information form at each application authorizing the release of information.
- The authorization to release information should be explained to the client during the initial interview.
- The Authorization to Release Confidential Information and/or a Certificate and Release of Information form should be completed in its entirety and additional information must not be added after the client signs the authorization form.
- A separate release for specific information to other agencies will also be signed by the applicant, when appropriate.
- The Authorization to Release Confidential Information can be sent to a provider of information in the form of a photocopy of the original.

### **Release of General Information to the Individual**

Each household member or his/her representative has the right to review and obtain copies of general information in the member's file regarding his/her eligibility with CCSS.

Examples of specific information which would not be provided upon request by the household or their representative would be:

- Specific diagnosis
- Prognosis
- Other aspect of the household member's medical condition except household member's general understanding of his/her medical condition or needs
- Nature or status of pending criminal prosecution
- Names of persons who, pursuant to a confidential arrangement, have disclosed information about the household member(s)
- Information received pursuant to an agreement which prevents the disclosure of that information to the household

### **Release of Medical Record Information to the Household**

Although medical record information received on an applicant or recipient may be shared with that person. Files may contain only partial or limited medical information. Therefore, applicants or recipients requesting medical information should be referred to their physician, who is more likely to have complete and up-to-date medical information, or to a specific medical records department.

**Other Requirements**

CCSS has established agreements with other agencies regarding CCSS household members. The agreements require that the information on household members remains confidential. These agreements will be established and maintained with other agencies, as necessary.

**Health Information Portability Accountability Act (HIPAA)**

CCSS complies with HIPAA requirements.

<b>SECTION 16</b>	<b>FRAUD</b>
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Fraud for CCSS purposes is the intentional provision of information or lack of provision of information by a household member which leads to an inappropriate eligibility determination and receipt of benefits which the household members would not have received if the correct information had been known to the CCSS worker. Such provision of information or lack of provision of information can be in the form of withholding information, making a false statement, or providing incomplete information.

### **Rule**

When fraud is suspected, the head of the household will be sent a fraud letter and other adult members may be sent a fraud letter requesting that they contact CCSS to make restitution or to present evidence that they and the service unit members did not fraud CCSS. If the service unit members contact CCSS within 15 (fifteen) days of the fraud letter date, they may present evidence at a case review that they and the service unit did not fraud CCSS. They may further appeal a decision as outlined in the Appeal Procedures Chapter.

### **Restitution**

If it is established by CCSS that assistance should not have been issued due to the provision of information or lack of provision of information by the household members, the household members must make restitution. The household members will be requested to make immediate restitution. If they are unable to make immediate restitution, but state that they want to cooperate, monthly payments through the use of a Reimbursement Agreement may be arranged.

### **Period of Ineligibility - Financial Assistance**

Any period of ineligibility assessed will begin on the date that a household member reapplies for the assistance. They will individually and as a household be assessed a period of ineligibility for the time period which would be covered by the assistance they had received.

If the household members currently would be otherwise eligible but are unable to make restitution payments on financial assistance and the amount of fraud is less than \$1000, they may elect to provide restitution by receiving a financial assistance benefit reduced by \$25 or five (5) per cent of the fraud amount whichever is more. This restitution assessment will be documented through the use of a Reimbursement Agreement and will continue to be made against each financial issuance given to household members until full restitution is made to CCSS.

### **Period of Ineligibility - Medical Assistance**

The period of ineligibility assessed will begin on the date that a household member reapplies for the assistance. They will individually and as household be ineligible until restitution is made to CCSS. The household members may show that the amount of fraud has been expended on allowable medical expenses or CCSS may deduct the amount of fraud from medical bills incurred and the service unit members will be responsible for that amount of the medical bills.

### **Period of Ineligibility - Other Assistance**

The period of ineligibility assessment will begin on the date that a household member reapplies for the assistance. They will be ineligible individually and as a household until restitution is made to CCSS. The value of the service provided will be based on usual CCSS costs including rates paid by CCSS to private providers of the service.

### **Failure to Make or Keep Restitution Arrangements**

If the household members fail to contact CCSS within 15 days of the fraud letter or refuse to make restitution for assistance issued by CCSS based on fraudulent information, the household members will be ineligible for any further assistance of the type they received until full restitution is made to CCSS.

If a household member signs a Reimbursement Agreement and then does not keep the agreement, any further request for the service for that household member and the household will be denied until full restitution has been made. The Reimbursement Agreement may also be sent to a collection agency for pursuit of the household member when they do not keep the agreement.

### **Exception**

In situations where medical care is required by a household member, they would otherwise be eligible, and the household members can show that there are no current assets or income sufficient to make restitution, a CCSS Social Work Supervisor can authorize emergency medical issuance.

## SECTION 17

## APPEAL PROCESS

1. A service unit for the Clark County Social Service (CCSS) eligibility based programs that has been totally or partially denied assistance may appeal the denial to the CCSS Director. An appeal must be filed within thirty (30) days of the written denial.
2. A service unit denied total or partial assistance whose claim to such relief was again denied by the CCSS Director may appeal in writing to the Clark County Manager within fifteen (15) days of the case review denial.
  - a. The Clark County Manager shall schedule a hearing within fifteen (15) working days with the applicant.
  - b. The Clark County Manager may designate a qualified hearing officer, or may conduct a hearing himself to obtain evidence from the applicant, the CCSS department and such witnesses as CCSS or the service unit may wish to supply.
  - c. The hearing officer shall render a decision within fifteen (15) working days.
3. A service unit receiving an adverse decision from an appeal to the Clark County Manager may request that the Board of Clark County Commissioners review the hearing record and recommendations of the Clark County Manager. The Board will issue a decision as to whether it will sustain the results of the Clark County Manager's hearing.
4. Service units dissatisfied with the decision of the Board of Clark County Commissioners may appeal to the District Court, pursuant to Nevada Revised Statutes (NRS) Chapter 428.093. Notification of Denial

Applicants denied CCSS assistance will be provided a written denial notification either on CCSS appeal form SS-9109, a hospital "Notice of Decision" form, or other appropriate written notice. This notification will state the denial reason and explain the appeal procedure and time limitations on filing an appeal. The appellant has the right to bring a representative such as a friend, relative, advocate, attorney, etc., to any appeal meeting.

### **Appeal by Applicant**

#### **1. Case Review** (see Case Review section)

A denied service unit may appeal for a Case Review of said denial to the CCSS Director within thirty (30) days from the written denial date.

- a. The CCSS Director or designee will schedule a Case Review with the service unit within ten (10) working days from receipt of the written appeal.

- b. The CCSS Director or designee will conduct the case review within thirty (30) days of the written appeal. If the service unit or representative fails to report for a scheduled Case Review, the original decision stands.
- c. The service unit will be advised of a decision to extend or continue to withhold requested assistance within ten (10) working days following the case review.

**2. Fair Hearing** (see Fair Hearing section)

**If the** appellant is again denied assistance at the Case Review, they may file for a Fair Hearing with the Clark County Manager within fifteen (15) days from the Case Review denial.

- a. The Clark County Manager or designee will schedule a Fair Hearing with the appellant within ten (10) working days from receipt of appeal for Fair Hearing.
- b. The appellant will be advised of the outcome of the Fair Hearing within fifteen (15) working days following the Fair Hearing.

**3. Appeal to County Commissioners and District Court** (see appropriate sections)

- a. If the appellant is denied assistance at the Fair Hearing, they may request within fifteen (15) days from the Fair Hearing denial notification that the Board of County Commissioners reviews the hearing records at an upcoming Board meeting and issue a decision of whether to reverse or sustain the denial.
- b. Appellants dissatisfied with the decision of the Board of County Commissioners may appeal to the District Court, pursuant to NRS Chapter 428.093.

**Case Review**

If a service unit for assistance has been totally or partially denied such assistance, they may appeal said action to the CCSS Director. The appeal must be presented in written form within thirty (30) days of assistance denial.

The service unit will be given a written notice of denial, either on form SS-9109, a hospital "Notice of Decision" form, or other appropriate written notice. All requests for Case Reviews shall be forwarded to the CCSS Director or designee for review and assignment.

The person assigned to conduct the Case Review is responsible for accomplishing the following:

**1. Scheduling Appointment**

Setting an appointment for the Case Review. Notice of the appointment must be mailed within ten (10) working days of receipt of request for the Case Review. In addition to the original copy of the letter to the applicant, a copy will be filed in the case file and a copy will be kept in the Appeals Book in CCSS Administration.

**2. Second Person**

Arranging for a second person in the Case Review to act as an observer and participant for CCSS.

**3. Case Review Notes**

Recording and dictating Case Review notes within time limits.

**4. Notification - Decision**

Preparing a letter notifying the individual of the Case Review decision. If an extension is required in order to make a decision, the extension must be mutually agreed upon in writing by the CCSS representative and the applicant. The extension is then submitted to CCSS Administration for entering in the log book.

**5. Applicant Recourse**

Advising the service unit of further recourse (Fair Hearing) and the process, if the individual's request is not accommodated in the Case Review decision.

**6. Failure to Show**

If the service unit fails to report for a scheduled Case Review, a letter will be sent to the service unit advising that the original decision stands due to non-appearance.

**7. Documentation**

Case Review notes should indicate the date service was requested and refused, the service (FAS or MAS), and the persons attending the Case Review. The applicant's explanation and verification supplied should be in the Case Review record. The CCSS reason that service was denied should be noted and a decision to extend or to continue to withhold aid as a conclusion.

**8. Errors**

If any errors have occurred in the Case Review process or decision, the CCSS Director or designee will make necessary corrections.

If a time cannot be agreed upon within ten (10) working days, a waiver shall be signed by the party requesting the extension of time, stating the reason therefore



and establishing an agreed upon time for the meeting. An extension may not exceed ten (10) additional working days.

The purpose of the Case Review is to resolve the issue, if possible, without going through a formal hearing. The Case Review is conducted informally with the opportunity being given to the service unit or their representative to present the reasons why they feel assistance should be granted.

The service unit may be represented by an advisor on the Case Review, if they so desire. If the service unit or representative fails to report for a scheduled Case Review within thirty (30) minutes, a letter will be sent to the applicant advising that the original decision stands due to non-appearance.

The service unit will be advised of a decision to extend or continue to withhold requested aid within ten (10) working days following the Case Review.

A service unit whose claim to assistance was again denied at the Case Review may appeal in writing to the Clark County Manager. The appeal must be submitted within fifteen (15) working days of the Case Review denial.

## **Fair Hearing**

### **1. Appointment of Hearing Officer**

The Clark County Manager may personally conduct the hearing or designate a qualified hearing officer to obtain evidence from the applicant, CCSS, and such witnesses as CCSS or the service unit may wish to supply. The hearing officer shall appoint as advisors a Deputy District Attorney and a CCSS representative.

### **2. Schedule of Hearing**

The Clark County Manager or hearing officer shall schedule a hearing within ten (10) days with the service unit. The service unit shall be notified in writing of the time and place the hearing will be conducted.

### **3. Duties of Hearing Officer**

The hearing officer shall:

#### **a. Make Decisions**

Make any necessary decisions on the conduct of the hearing.

#### **b. Prepare**

Take necessary action to facilitate an equitable, orderly and expeditious hearing.

#### **c. Make Final Decision**

Make the final decision to withhold or grant benefits requested by the applicant.

**d. Be Impartial**

Maintain strict impartiality at all times toward all interested parties.

**4. Advisory Board**

The advisors will:

**a. Assist**

Assist the hearing officer in fully developing the pertinent facts.

**b. Make Suggestions**

Make such suggestions as may be helpful to the hearing officer in conducting the hearing.

**c. Act in Advisory Capacity**

Act in an advisory capacity to the hearing officer serving only to furnish technical/legal advice.

**5. Preparing for the Hearing**

**a. Hearing Room**

The hearing officer will arrange for a hearing room and arrange for recording of hearing proceedings, either in summary form or verbatim.

**b. Notification**

The hearing officer shall notify all interested parties of the time and place of the hearing. Reasonable requests for delay should be granted.

**c. CCSS Input**

CCSS will make available to the hearing officer and advisors the service unit's appeal which should contain a copy of the application for assistance, the results of the case review and any other pertinent information regarding the service unit's request for assistance.

**6. Conduct of the Fair Hearing**

The hearing officer will:

**a. Open the Hearing**

Call the hearing to order, determine who is present in the room and ask anyone not a party to the hearing to leave the room; state the purpose of the hearing; and introduce the persons in attendance.

**b. Determine Attendance**

- 1) **Representative Present.** If the service unit has a representative present, and the representative elects to proceed with the hearing, the hearing may be held, or
- 2) **No Show.** If the individual or representative fails to report for a scheduled fair hearing, a letter will be sent to the service unit advising that the original decision stands due to nonappearance.

**c. Explain Functions**

Explain the functions and responsibilities of the hearing.

**d. Secure Stipulations**

Secure stipulations, if there is no disagreement among the parties, on certain facts in the case. If stipulations are made, dictate them into the record and secure the agreement of both parties that the stipulations have been stated correctly.

**e. Opening Statements**

Allow each party to make an opening statement. Each party, the CCSS Director designee first, will be asked to make an opening statement that indicates what each expects to prove.

**f. Testimony**

Arrange for testimony by affirmation.

**g. Evidence**

Keep evidence relevant and material.

**h. Admissibility Rulings**

Decide on admissibility of evidence. Each ruling that evidence is not admissible should be recorded with the reason for the ruling.

**i. Prevent Delays**

Prevent delaying tactics.

**7. Procedures of Hearing**

The CCSS Director or designee presents the CCSS case first.

**a. Relevance of Information.** The technical rules of evidence do not apply. However, evidence should be relevant and material and not unduly repetitious. Evidence is relevant when it has a bearing on the issues in the case. Evidence is material when it will have some weight in the disposition of the case.

**b. Burden of Proof.** It is the responsibility of CCSS to support the allegation of ineligibility of the applicant.

- c. **Examination and Cross-examination.** Witnesses who testify are subject to cross- examination, although formal judicial procedures will not be followed.
- d. **Objections.** No technical objections to testimony as used in a court of law will be entertained, but parties may object to clearly irrelevant material. The service unit or their representative may be present throughout the hearing, but not during deliberations of the Board before or after the hearing.

## **8. Closing the Hearing**

- a. **Final Questions.** The hearing officer will ask for the closing statements.
- b. **Closing Statements.** Before closing the hearing, the CCSS Director or designee and the service unit or their representative may each be permitted to make a closing statement.
- c. **Final Announcement.** The hearing officer will:
  - 1) **Inform Applicant Concerning Written Decision.** Inform the service unit that a decision in writing will be furnished by the Clark County Manager within fifteen (15) working days.
  - 2) **Inform Service Unit and CCSS Director Concerning Hearing Report.** Inform the service unit and the CCSS Director that they will be given a copy of the hearing report. The records of the hearing will be maintained for not less than six (6) months subsequent to the hearing. In the case of an adverse decision, if the service unit desires to appeal the case to a higher authority, they will be furnished a copy of the hearing report.

## **9. Action After the Hearing**

- a. **Evaluation of Evidence.** The hearing officer will consider and evaluate all the evidence presented and decide whether there was substantial evidence presented to support each finding or conclusion he/she makes.
- b. **Prepared Statement.** The Clark County Manager or designee will prepare a statement of findings setting forth reasons for either upholding or denying the applicant's claim. The findings of the hearing must adhere to the standards of eligibility and amounts of assistance as approved by the Board of County Commissioners.

## **10. Notification of Applicant**

The Clark County Manager or hearing officer will notify the applicant, in writing, of the decision of the Board within fifteen (15) working days

In the case of a decision adverse to the applicant, they or their representative may request that the Board of County Commissioners review the hearing record and the statement of findings and recommendations of the Clark County Manager, and issue a decision as to whether the Board of County Commissioners will sustain or not sustain the recommendations of the hearing results. The service unit must make such request within fifteen (15) days of the fair hearing decision. The service unit requesting review will be notified of the date the item will appear on the meeting agenda of the Board of County Commissioners.

Applicants dissatisfied with the decision of the Board of Clark County Commissioners may appeal to the District Court, pursuant to NRS Chapter 428.093.

### **Appeals from Hospitals**

Hospitals that apply for Clark County Medical Assistance Service (MAS) certification on behalf of a patient become the service unit for purposes of the appeals process. Either the hospital or the patient is entitled to file for a Case Review. A hospital or patient who has received a denial regarding IAF certification or MAS certification may appeal pursuant to this chapter.

#### **1. Knowledge of Process**

Hospitals wishing to appeal a total or partial denial are responsible for knowing the appeals process, including all time limits. Patients denied assistance will be notified of their appeal rights and the time limits involved.

#### **2. Authorized Appeal Letter**

Hospitals or patients desiring to appeal are not required to use the CCSS Appeal Denial form, SS-9109. A letter to the CCSS Director from an authorized person at the appellant hospital replaces this service unit appeal form.

Individuals aggrieved by services furnished or withheld by CCSS, other than FAS or MAS, are requested to state complaints in writing to the CCSS Director. An administrative review will be conducted in accordance with the scope and nature of the complaint. Results of the review will be placed in the service unit's file and a response to the complaint will be completed by the CCSS Director or designee.